

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000085597 (9)**

1. Corporation Name
STAINSAFE HOLDING COMPANY



Principal Place of Business 2000 AVENUE P SUITE 4 RIVIERA BEACH FL 33404	Mailing Address 2000 AVENUE P SUITE 4 RIVIERA BEACH FL 33404
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DO NOT WRITE IN THIS SPACE

NEW LOCATION		NEW LOCATION		3. Date Incorporated or Qualified 11/07/1995	
2. Principal Place of Business 21 354 HIATT DRIVE	2a. Mailing Address 26 P.O. BOX 10849	4. FEI Number 65-0694260		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 PALM BEACH GARDENS, FL	City & State 28 RIVIERA BEACH, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33418	Country 25 USA	Zip 29 33419		Country 30 USA	
7. Name and Address of Current Registered Agent FRIEDMAN, STEVEN 2000 AVENUE P SUITE 4 RIVIERA BEACH FL 33404		10. Name and Address of New Registered Agent			

81 Name FRIEDMAN, STEVEN
82 Street Address (P.O. Box Number is Not Acceptable) 354 HIATT DRIVE
83
84 City PALM BEACH GARDENS, FL
85 Zip Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABRAMS, MARC. J 2000 AVE. "P" SUITE 14 RIVIERA BEACH FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAYRE, ROBERT 2000 AVE. "P", SUITE 14 RIVIERA BEACH FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: 

5.14.98

CR2E034 (10/97)