FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

Principal Place of Business

SIGNATURE:

P95000085744 (7)

Mailing Address

SAFETECH INDUSTRIES, INC.

	ORATE WAY #320 I BEACH FL 33407	5601 CORPORATE WA WEST PALM BEACH I								
					3	. Date Incorpora		3a. Da	ate of Last	l Report
2. Principal P	lace of Business	2a. Mailing Address 26	<u>}</u> ¬			. FEI Number 65-0	66863	37	-	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5	. Certificate of S				75 Additional e Required
City & Stat	1971/24	City & State			- 6	Flection Camp Trust Fund Co	•			.00 May Be ded to Fees
Zip 24	Country 25	Ζ ₁ ρι 29	Countr 30	У	8.	. 1his corporatio Florida Statute	on has liability for s XX Yes		tax under	s 199.032,
	9. Name and Address of Curre	nt Registered Agent		_		, Name and Ad	dress of New F	legistere	d Agent	
•			61	Nam	e					
	R, GAREY		82	Stree	et Address (F	P.O. Box Numbe	r is Not Acceptat	ile)		
	ORPORATE WAY #320			ļ				·		
WEST	PALM BEACH FL 33407		83	·						
			84	City					85	Zip Code
	to the provisions of Sections 607.050			<u> </u>				F		•
or registe	ith, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	ea by the con	poration	's board of c	Irrectors I hareb	accept the app	ointment a	as register	ed ägent I am
12.		ID DIRECTORS	13.				IANGES TO OFF		ID DIBLO	TORS IN 12
TITLE	D	DELETE	1 1 TITLE		[☐ Chang	
NAME	HERTER, JOHN D		1.2 NAME							
STREET ADDRESS	5601 CORPORATE WAY #3		1.3 S186E	1 ADUFES	5					
CITY-ST-ZIP	WEST PALM BEACH FL 334	07	1.4 CITY -	ST-ZIP						
TITLE	D	DELETE	2 1 TiTi E						Chang	e 🔲 Addition
NAME	LIVERGOOD, BRUCE		2 Z NAME			~~~~~				
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CITY-ST-ZIP	WEST PALM BEACH FL 334		24 Cilir -	ST ZIP			7-00 1730010	166	135	
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NAME	SULLIVAN, PATRICK T	20	3 2 NAME							
STREET ADDRESS	5601 CORPORATE WAY #3: WEST PALM BEACH FL 334		33 STREE		S .					
CITY - ST - 7/P	WEST FALM DEACH FL 334	U/ DELETE	3.4 CHY-	ST - ZIP	 	·				
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NAME			5.2 NAME		بمقترا		rea.	_		~
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NAME			6.2 NAME					_	_ \	Ils.
STREET ADDRESS			6 3 STREE	r address	5				15	7
CITY - ST - ZIP			6.4 CITY - 1	ST - ZIF				\geq	()	
Qairi, unai	by certify that the information supplied t the information indicated on this ann I am an officer or director of the corpu n Block 12 or Block 13 if charling, or	aration with the receiver or truste	e empowerea.	es not q ue and to exec	ualify for the accurate and ute this repo	exemption state that my signatu in as required by	d in Section 119. ire shall have the Chapter 607, Fi	.07(3)(k), F same lega orida State	lorida Sta al effect as ites, and	tutes. I further s if made under that my name

Darrell Peterson

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR