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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9500092324 (9)  FLORIDA SAFETY PROGRAM, INC.					<b>e (</b>	A (1811 1818) 1881
Principal Plac	e of Business	Mailing Address		T ERREGORE DEN HAND ARRIVE COMPA AND A	EOIN BENE 18410 1/848 1/4	
559 SOUTH COUNTRY CLUB ROAD LAKE MARY FL 32746		559 SOUTH COUNTRY CLUB ROAD LAKE MARY FL 32746				
				3. Date Incorporated or Qualified 12/05/1995	3a. Date of Last F	Report
2. Principa! P	Place of Business	2a. Mailing Address		4. FEI Number	x	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				Not Applicable
2	., 500	27		5. Certificate of Status Desired		5 Additional Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution		0 May Be
Zip	Country	Zip	Country	8. This corporation has liability for in		d to Fees
4	25	29	30	Florida Statutes Yes		199.002,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Ro	egistered Agent	
CUDBU	DATION CEDMOS COMPANY		81 Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable	(e)	
	ASSEE FL 32301-2525		83			
· · · · · · · · · · · · · · · · · · ·						
			84 Gity		FL 85 7	p Code
	to the previous of Continue COZ SEGO					
or register familiar w	red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	and 607.1508, Florida Statu da. Such change was authori, on 607.0505, Florida Statute	tes, the above-named corporated by the corporation's boals.	oration submits this statement for the purp ard of directors. Thereby accept the appo	pose of changing its pintment as registered	registered office d agent. I am
or register familiar w SIGNATURE	and accept the obligations of, accept	or our sood, Horida Statute	5.			registered office diagent. I am
	To the provisions of Sections 607,0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Section Signature, typed or printed name of registered agent OFFICERS ANE	and the happicable (N	tes, the above-named corporated by the corporation's boals.  CIL Registed Agent square required.  13.	ल्ला समस्य वर्गको १८५४	DATÉ	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT	and the happicable (N	S.  OTE: Registered Agent signature respons		DATÉ	
SIGNATURE  12.  TITLE  NAME	Signature, tyried or printed name of registered agent OFFICERS ANE PRESIDENT ANTHONY PERLONGO	and the tappicable NO DIRECTORS	OT: Registered Agent signature require	ल्ला समस्य वर्गको १८५४	DATE CORS AND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  SIREEI ADDRESS	Synahue typed or printed name of registered agreed OFFICERS AND PRESIDENT ANTHONY PERLONGUESOS FIFTH AVE.	and the tappicable NO DIRECTORS	OTE Registered Agent signature respile.  13. 117HEF	ल्ला समस्य वर्गको १८५४	DATE CORS AND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  SIRSEI ADDRESS  CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS AND PRESIDENT ANTHONY PERLONGU 8508 FIFTH AVE. BROCKLYN, NY 11209	and till of applicable.  D DIRECTORS  DELETE	13. 1 1 7/1LF 1.2 NAME 1.3 STREEL ADDRESS 14 GUY-SI-ZIP	ल्ला समस्य वर्गको १८५४	DATE CORS AND DIRECTO	DRS IN 12
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SIGNATURE:

March 21, 1996

(718) 855-1200

Daytene Phone #