

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000092324 (9)

1. Corporation Name

FLORIDA SAFETY PROGRAM, INC.

Principal Place of Business

559 SOUTH COUNTRY CLUB ROAD
LAKE MARY FL 32746

Mailing Address

559 SOUTH COUNTRY CLUB ROAD
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8302 5th Ave

22 City & State

27 City & State

23 Zip

Country

28 Brooklyn new York

24 Zip

25 Country

29 11209

30 Kings

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD PERLONGO, ANTHONY ☐ DELETE

NAME
STREET ADDRESS 8508 FIFTH AVE.
CITY-ST-ZIP BROOKLYN NY

TITLE SD PANKIN, AL ☐ DELETE

NAME
STREET ADDRESS 387 JAY STREET
CITY-ST-ZIP BROOKLYN NY

TITLE D PERLONGO, PAUL ☐ DELETE

NAME
STREET ADDRESS 40 MARYLAND LANE
CITY-ST-ZIP ST ISLAND NY

TITLE D PERLONGO, IRENE ☐ DELETE

NAME
STREET ADDRESS 8508 5 AVE.
CITY-ST-ZIP BUEY NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD PERLONGO, ANTHONY ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 8302 FIFTH AVE
1.4 CITY-ST-ZIP BKLYN, NY 11209

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D PERLONGO, IRENE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 8302 FIFTH AVE.
4.4 CITY-ST-ZIP BKLYN, NY 11209

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

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

9/11/96

CR2E034 (5/98)