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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008601 (2)

S.A.F.E. Principal Place 318 SE 8TH A DEERFIELD BE	INSTALLATIONS, INC. e of Business VE	Mailing Address 318 SE 8TH AVE DEERFIELD BEACH FL	1 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
i				3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996
· ·	ace of Business	2a, Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DX (65-(X64) 329 Not Applicable \$8.75 Additional
22 27		h		5. Certificate of Status Desired Fee Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
[24]	g Name and Address of Curren		[30]	10. Name and Address of New Registered Agent
FEL	DMAN, ROBERT		81 Name	
301 CRAWFORD BLVD, SUITE 201			82 Street	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432			-	
			83	_
			84 City	FL 85 Zip Code
SIGNATURE				corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age. OFFICERS AND		OTE: Registered Agent signature	
12.	PTD	DELETE	13. 1.1 TULE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SCARBROUGH, SCOTT	Lad	1.2 NAME	
STREET ADORESS	318 SE 8TH AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	Let M
CITY - ST - ZIP			2.4 CITY-ST-ZIP	
10LE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-\$1-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TiTLE	Change Addition
NAME			4 2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADORESS			4.3 STREET ADDRESS	
CITY-S1-ZIF			4.4 CITY-ST-ZIP	
MILE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ing and the second of the seco		5.2 NAME	n n n n n n n n n n n n n n n n n n n
STREET ADDRESS			5.3 STREET ADDRESS	
CHY-S1-ZIP THEE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

64 City-St-ZiP

14. If do 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.

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE

STREET ADDRESS

Catt D. Scallhaugh Shott D. Scarbrough 13/91

954-421 5510

FILED

Apr 21 1997 8:00am

Secretary of State