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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME

STREET ADDRESS

 I do hereby certify that the information supplied with this filling information indicated on this annual report or supplemental ar

ation or the receiv

I am an officer or director of the

appears in Block 12 or Block

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 24 1997 8:00am

Secretary of State

Change

Davtma Phone

Addition

Secretary of State
DIVISION OF CORPO ATIONS

DOCUMENT # P96000019039 (2)

SAFETY TRAINING SOLUTIONS, INC.

13722 - 80TH LANE NORTH 13722 - 80TH LANE NORTH WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412-2 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Co 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Вī Name SENSBACH, PAULA 13722 - 80TH LANE NORTH Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33412 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the at overnamed 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Change \_\_\_ Addition **PSTD** TITLE 1.1 TITLE SENSBACH, RONALD NAME 1.2 NAME CR2E034 13722 - 80TH LANE NORTH STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33412** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE **VD** 2.1 TITLE SENSBACH, PAULA NAME 2.2 NAME 13722 - 80TH LANE NORTH 2.3 STREET ADDRESS STREET ADDRESS **WEST PALM BEACH FL 33412** 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition THE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City-SI-ZP

DELETE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

it with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

tipes does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the familiar report is true and accurate and that my signature shall have the same legal effect as if made under oath, that it or thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Date

6.4 CITY-ST-ZIP