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May 09 1997 8:00am

Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS \$55!

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000023318 (4)
1. Corporation Name
CLARKE SAFETY PRODUCTS, INC.



Principal Place of Business: 621 BAYSHORE DR, TARPON SPRINGS FL 34689
Mailing Address: 621 BAYSHORE DR, TARPON SPRINGS FL 34689-2406

3. Date Incorporated or Qualified: 03/11/1996
3a. Date of Last Report: N/A
4. FEI Number: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business
21 4277 RIVER CHASE
Suite, Apt. #, etc.
22 TALLAHASSEE, FL.
City & State
23 32090A, TALLAHASSEE
Zip Country
24 32308 25 USA
2a. Mailing Address
26 CLARKE SAFETY PRODUCTS
Suite, Apt. #, etc.
27 4277 RIVER CHASE
City & State
28 TALLAHASSEE, FL
Zip City
29 32308 30 USA

9. Name and Address of Current Registered Agent
CLARKE, MARTALUCIA
621 BAYSHORE DR
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
31 Name: CLARKE, MARTALUCIA
32 Street Address (P.O. Box Number is Not Acceptable): 4277 RIVER CHASE
33
34 City: TALLAHASSEE FL 35 Zip Code: 32308

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: *Martalucia Clarke* DATE: 4-30-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, SIMON	
STREET ADDRESS	621 BAYSHORE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, MARTALUCIA	
STREET ADDRESS	621 BAYSHORE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARKE, SIMON	
1.3 STREET ADDRESS	4277 RIVER CHASE	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARKE, MARTALUCIA	
2.3 STREET ADDRESS	4277 RIVER CHASE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: *Sandra B. Mori* DATE: 4/30/97 TELEPHONE: (904) 668-8635

CR2E034 (9/96)