

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

FILED
May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96006048849</u>			
1. Corporation Name			
Principal Place of Business		Mailing Address	
SAFETY CONCEPTS, INC. 101 Jettie Terrace Port St. Lucie, FL 34983			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		6-7-96	
22. City & State		3a. Date of Last Report	
23. Zip		NONE	
24. Country		4. FEI Number	
25. Country		65-0670539	
26. Suite, Apt. #, etc.		5. Certificate of Status Desired	
27. City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
28. Zip		6. Election Campaign Financing	
29. Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
31. Yes		<input type="checkbox"/> No	
32. No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name		PAUL D. MUNYON	
82. Street Address (P.O. Box Number is Not Acceptable)		101 JETTIE TERRACE	
83. City		PORT ST. LUCIE	
84. State		FL	
85. Zip Code		34983	
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		5-24-97	
Signature, typed or printed name of registered agent, if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE		PRESIDENT	
12. NAME		PAUL D. MUNYON	
13. STREET ADDRESS		101 JETTIE TERRACE	
14. CITY-ST-ZIP		PORT ST. LUCIE, FL. 34983	
21. TITLE		VICE PRESIDENT	
22. NAME		KEN MUNYON	
23. STREET ADDRESS		3480 S. Weymouth Rd.	
24. CITY-ST-ZIP		MEDINA, OH. 44256	
31. TITLE		SEC. TREAS	
32. NAME		ARLENE MUNYON	
33. STREET ADDRESS		101 JETTIE TERRACE	
34. CITY-ST-ZIP		PORT ST. LUCIE, FL. 34983	
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE			
62. NAME			
63. STREET ADDRESS			
64. 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: Paul D. Munyon		5-24-97 561-336-0440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)