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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 02 1998 8:00am Secretary of State

T	P97000030448 (SE AND SAFETY, INC.	9)		#
Principal Place of Business	Mailing Address		I TODATODA PIUT IDTAL TESSI DOLLA DELLA DELLA BELLA ESIDE LIII	II OBAIC BLOST BLOOK IOU SOOS
2457 CHENEY HIGHWAY	2457 CHENEY HIGH	WAY		
TITUSVILLE FL 32780 TITUSVILLE FL				
			DO NOT WRITE IN THIS S	SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		04/03/1997 4. FEI Number.	<del></del>
21	26		59-24HUM-N	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		2 ( 31 11080	\$8.75 Additional
22	27		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
	Country Zip	Country	8. This corporation owes or has paid the curr	
24 25	29	30		Yes No
	Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent
SPINA, TOM		81 Name		
2457 CHENEY HIG		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
TITUSVILLE FL 321	780	83		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of	Sections 607.0502 and 607.1508, Florida St	atutes, the above-named c	orporation submits this statement for the purpose of	changing its registered
office or registered agent agent. I am fas	*h, in the State of Florida, Such change **  *\subset \mathbb{3} the obligations of, Section 607.05f	authorized by the corpo	ration's board of directors. I hereby accept the appoint	ointment as registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	•		
Signature, typed or ,		NOTE Registered Agent signature re		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
NAME SPINA, TOM	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
STREET ADDRESS 2457 CHENE	V HIGHWAY	1.2 NAME		3
CITY-ST-ZIP TITUSVILLE I		1.3 STREET ADDRESS		ٳٛ
TITLE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		22 NAME		LT change LT Audition
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP		Observe T Market
TITLE NAME		5.1 TITLE	•	Change Addition
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE	DELETE	5.4 CITY - ST - ZIP 61 TITLE		Change Addition
NAME		62 NAME	,	eege
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
	mation supplied with this filing does not qualit	y for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further cert	tify that the information

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 changes, or on an attachment with an address.

SIGNATURE: 5th MANY Thomas Spine 1/1/194 100 300 001