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

DOCUMENT # P97000077308 (9)

POLICE PERSONAL SAFETY PRODUCTS. INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		I SA DESMIDE SAD SANT ORBIT ORBIT MEIN ADERS BRIST SANTE SERVE SERVE SANTE SAN
-0018-NN-16TH-0T:	-TO-HT31-MA-9130		
TEMBROKE PINES FL 60004	PEMBROKE PINES FL 3303		
11354 TAFT 51, 3200	11354 TAFT.	57.	DO NOT WRITE IN THIS SPACE
11354 TAFT ST. Dembroke Pines FL, 33026		es 1-1.350a	3. Date Incorporated or Qualified 09/08/1997
2) Principal Place of Business 21 11354 1467 ST	2a. Mailing Address 26 11354 TY	27 57	4. FEI Number Applied For Not Applied For Not Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Pembroke Punes FL	28 Pemorde	Punes f	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 33026 26 USA	29 33026 3	Country	8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes M No
Name and Address of Current Registered Agent			(10. Name and Address of New Registered Agent
JOHN BRUND		81 Name	JOHN J. BRUND
11354 TAFT S1.			ddress (P.O. Box Number is Not Acceptable)
pembroke Pines FL. 3.	5026	83	
			mbroke Pines FL 85 33026
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, a concept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE OF ME BUYER		Registered Agent signature for	12-3/-97
	D DIRECTORS.	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD	DELETE	1.1 TITLE	Change Addition
NAME HARRITON, CHARLIE	^	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL-93024	y	1.4 CITY-ST-ZIP	
TITLE PID	DELETE	2.1 TITLE	Change Addition
NAME BRUNO, JOHN		22 NAME	• •
STREET ADDRESS 675-WOODGATE CIRCLE			11354 TAFT ST
CITY-ST-ZIP SUNRISE FL 33328		2. 4 CHTY - ST - ZIP	11354 TAFT ST Pembroke Pures FL 33026

2. 4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

DELETE

CITY-ST-ZIP 64 CITY-ST-ZIP 14. 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 changed or on any stachment with an address.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

4-10-08

Change

Change

Change

Addition

Addition

Addition