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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P97000090850 (3)

1. Corporation Name
ARMORED SAFETY PRODUCTS INC.

Principal Place of Business
199 OCEAN LANE DRIVE
#203
KEY BISCAYNE FL 33149

Mailing Address
199 OCEAN LANE DRIVE
#203
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 392 COCONUT CIRCLE
Suite, Apt. #, etc.
27
City & State
28 WESTON FL
Zip / Country
29 33326 / 30 USA

3. Date Incorporated or Qualified
10/22/1997

4. FEI Number
65-0802942
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LLEWELLYN, ROSA M
199 OCEAN LANE DRIVE
#203
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name LLEWELLYN DAVID J
82 Street Address (P.O. Box Number is Not Acceptable) 392 COCONUT CIRCLE
83
84 City WESTON FL 85 Zip Code 33326

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 DAVID LLEWELLYN SECRETARY 5/28/98
Signature, typed or printed name of individual and capacity of applicant (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IOVICI, NICOLAE		1.2 NAME		
STREET ADDRESS	199 OCEAN LANE DR, #203		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	LLEWELLYN, ROSA M		2.2 NAME	TUNCAY, CENK	
STREET ADDRESS	392 COCONUT CIRCLE		2.3 STREET ADDRESS	1643 BRICKELL AVENUE	
CITY-ST-ZIP	WESTON FL 33326		2.4 CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LLEWELLYN, DAVID J		3.2 NAME		
STREET ADDRESS	392 COCONUT CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33326		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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/6/15

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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 an attachment with an address.

SIGNATURE: DAVID LLEWELLYN 04/23/98 (954) 389-3250

CR2E034 (10/97)