

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90215 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000007051

1. Corporation Name
NATIONAL INSTITUTE OF PUBLIC SAFETY, INC.



Principal Place of Business
 723 EAST COLONIAL DRIVE
 ORLANDO FL 32803

Mailing Address
 723 EAST COLONIAL DRIVE
 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1571 Arden Street
 Suite, Apt. #, etc.
 22 City & State
 23 Longwood, FL
 Zip Country
 24 32750 25 U.S.

2a. Mailing Address
 26 1571 Arden Street
 Suite, Apt. #, etc.
 27 City & State
 28 Longwood, FL
 Zip Country
 29 32750 30 U.S.

3. Date Incorporated or Qualified
 01/21/1998

4. FEI Number
 59-3275694 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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WELLS, KIM A
 723 EAST COLONIAL DRIVE
 ORLANDO FL 32803

10. Name and Address of New Registered Agent
 81 Name **Kim A. Brown**
 82 Street Address (P.O. Box Number is Not Acceptable)
 1571 Arden Street
 83
 84 City **Longwood** FL 85 Zip Code **32750**

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Guy V. Wells
STREET ADDRESS		1.3 STREET ADDRESS	1571 Arden Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kim A. Brown
STREET ADDRESS		2.3 STREET ADDRESS	1571 Arden Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 2/17/99 (407) 260-6166 Daytime Phone #

CR2E034 (11/98)