


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90128 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000020019 1. Corporation Name HOME SAFETY ONLY INCORPORATED			
Principal Place of Business 5403 NW 72ND AVENUE MIAMI FL 33156		Mailing Address 5403 NW 72ND AVENUE MIAMI FL 33166	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/02/1998		4. FEI Number 65-0873124	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BOVELL, DON R 5403 NW 72ND AVENUE MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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: <i>[Signature]</i> DATE: April 26 '99			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE PRESIDENT <input type="checkbox"/> DELETE 1.2 NAME JOHN BOVELL 1.3 STREET ADDRESS AS ABOVE 1.4 CITY-STATE-ZIP		2.1 TITLE SECRETARY / DIRECTOR <input type="checkbox"/> DELETE 2.2 NAME CHRISTINE BOVELL 2.3 STREET ADDRESS AS ABOVE 2.4 CITY-STATE-ZIP	
3.1 TITLE DIRECTOR <input type="checkbox"/> DELETE 3.2 NAME JOHN B. BINS 3.3 STREET ADDRESS AS ABOVE 3.4 CITY-STATE-ZIP		4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME <input type="checkbox"/> DELETE 4.3 STREET ADDRESS <input type="checkbox"/> DELETE 4.4 CITY-STATE-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME <input type="checkbox"/> DELETE 5.3 STREET ADDRESS <input type="checkbox"/> DELETE 5.4 CITY-STATE-ZIP		6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME <input type="checkbox"/> DELETE 6.3 STREET ADDRESS <input type="checkbox"/> DELETE 6.4 CITY-STATE-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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26 99 **305-229-1200**
 Daytime Phone #

CR2034 (1/98)