

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S21716** (3)

1. Corporation Name
LIFE SAFETY EQUIPMENT, INC.

Principal Place of Business

**159 DUNCAN TRAIL
LONGWOOD FL 32779
US**

Mailing Address

**MAI KAI - UNIT K-5
1835 SOUTH CONWAY RD.
ORLANDO FL 32812-9683
US**

3. Date Incorporated or Qualified **12/19/1990** 3a. Date of Last Report **08/22/1996**

4. FEI Number **59-3048765** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **159 DUNCAN TRAIL**

27 Suite, Apt. #, etc.

28 **LONGWOOD, FL**

29 **32779** **30** **US**

9. Name and Address of Current Registered Agent

**ARTHUR, LAWRENCE C.
159 DUNCAN TRAIL
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name **PAMELA ARTHUR**
82 Street Address (P.O. Box Number is Not Acceptable) **159 DUNCAN TRAIL**
83
84 City **LONGWOOD** **FL** **85** Zip Code **32779**

11. Pursuant to the provisions of Sections 607.0532 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 *Pamela Arthur* **PAMELA ARTHUR** **1-10-97**
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR, LAWRENCE C.	
STREET ADDRESS	159 DUNCAN TRAIL	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAMELA ARTHUR	
1.3 STREET ADDRESS	159 DUNCAN TRAIL	
1.4 CITY - ST - ZIP	LONGWOOD, FL 32779	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PATRICIA M LEACH	
2.3 STREET ADDRESS	159 DUNCAN TRAIL	
2.4 CITY - ST - ZIP	LONGWOOD, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Pamela Arthur* **PAMELA ARTHUR** **(407) 682-2188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)