FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S22285** **(8)**

1. Corporation Name
SAFEGRIP, INC.

Principal Place of Business	Mailing Address
11100 SW 84TH CT MIAMI FL 33156-4311 US	11100 SW 84TH CT MIAMI FL 33156-4311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1991
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 1190 SAN PEDRO
Suite, Apt. #, etc. 22
City & State 23 CORAL GABLES, FL
Zip 24 33156 Country 25 USA

2a. Mailing Address
26 1190 SAN PEDRO
Suite, Apt. #, etc. 27
City & State 28 CORAL GABLES, FL
Zip 29 33156 Country 30 USA

4. FEI Number: 65-0235493 ☐ 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

9. Name and Address of Current Registered Agent

~~PRONI, JOHN R~~
~~10020 S W 102 AVE ROAD~~
~~MIAMI FL 33176~~

DAVID A. RUSSELL

10. Name and Address of New Registered Agent

81 Name: ~~MICHAEL A. SESSIONS~~
82 Street Address (P.O. Box Number is Not Acceptable): MILLER & RUSSELL
83 367 ALHAMBRA CIRCLE
84 City: CORAL GABLES FL 85 Zip Code: 33134

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 A. RUSSELL David A. Russell DATE: 4/28/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	~~PRONI, JOHN R~~	12 NAME	MICHAEL A. SESSIONS	
STREET ADDRESS	~~10020 SW 102 AVE RD~~	13 STREET ADDRESS	1190 SAN PEDRO	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PRONI, OSCAR	22 NAME		
STREET ADDRESS	4501 MONROE ST	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	SECRETARY / DIRECTOR	☐ Change ☒ Addition
NAME		32 NAME	DAVID A. RUSSELL	
STREET ADDRESS		33 STREET ADDRESS	367 ALHAMBRA CIRCLE	
CITY-ST-ZIP		34 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		42 NAME	THOMAS RICE	
STREET ADDRESS		43 STREET ADDRESS	11100 S.W. 84 COURT	
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] MICHAEL A. SESSIONS, PRES 4/28/95 305 6665868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0169753 CP