FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S22285** (8)

1. Corporation Name

SAFEGRIP, INC.

Principal Place of Business	Mailing Address
1190 SAN PEDRO CORAL GABLES FL 33156 US	1190 SAN PEDRO CORAL GABLES FL 33156 US

3. Date Incorporated or Qualified: 01/03/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0235493 — Applied For / Not Applicable

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

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip / Country
29 / 30

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

RUSSELL, DAVID A
MILLER & RUSSELL
367 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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 ______ (Registered Agent signature) ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	SESSIONS, MICHAEL		1 2 NAME	
STREET ADDRESS	1190 SAN PEDRO		1 3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL		1 4 CITY, ST, ZIP	
TITLE	VD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	PRONI, OSCAR		2 2 NAME	
STREET ADDRESS	4501 MONROE ST		2 3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL		2 4 CITY, ST, ZIP	
TITLE	SD	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, DAVID A		3 2 NAME	
STREET ADDRESS	367 ALHAMBRA CIRCLE		3 3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL		3 4 CITY, ST, ZIP	
TITLE	D	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	RICE, THOMAS		4 2 NAME	
STREET ADDRESS	11100 S.W. 84TH COURT		4 3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL		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	

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)(k), Florida Statutes. I further certify that the information indicated on this form or 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] 1/12/96 305-6665868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)