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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S22285

SAFEGRIP, INC.

Feb 19, 1999 8:00 a	m
Secretary of State 02-19-1999 90089 013 ***150.00	



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Suite, Apt.	#. etc.		pt. #, etc.			_				\$8.75 A	dditional
22	:	27					5.	Certifcate of Status Desired		Fee Re	quired
City & State	6	City & S	State				6.	Election Campaign Financing		\$5.00	
23		28					<u> </u>	Trust Fund Contribution		Added to	o Fees
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24	25	29		10				Personal Property Tax.	71 - 4 - · · · · ·		□No
•	9. Name and Address of Curren	nt Registered Ag	ent	81	Ne	 ime	10.	Name and Address of New I	kegisterea	Agent	
PHS	SELL, DAVID A			°'	INE						
	ER & RUSSELL			82	! St	reet Addre	ess (P.	O. Box Number is Not Accept	able))
	ALHAMBRA CIRCLE			83	1						
	AL GABLES FL 33134			03							_
				84	Ci	y			FL	85 Zip C	Code
44 Dumuent	to the provisions of Sections 607.050	12 and 607 1508	Florida Statutes	the abov	e-nai	med corpo	oration	submits this statement for the	purpose of	changing its	registered
l office or re	egistered agent, or both, in the State (of Florida, Such	change was aut	nonzea by	ne u	corporation	n's bo	ard of directors. I hereby acce	pt the appoi	ntment as req	gistered
agent. I a	m familiar with, and accept the obligat	itions of, Section	607.0505, Florid	a Statutes	s.						
SIGNATURE	Signature typed or printed name of registered ager	nt and title if apolicable.	(NOTE: F	Registered Age	ent sign:	ature required	when re	einstating)	DATE		
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		D DIRECTORS	(NOTE: F		ent sign	ature required				ID DIRECTO	PRS IN 12
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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 comporation 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on the same legal effect as if the supplied with the information indicated on the same legal effect as if the supplied with

SIGNATURE: