

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # S79705 (7)**

1. Corporation Name  
**KM SAFETY PRODUCTS, INCORPORATED**



Principal Place of Business: **37612 BERMUDA DRIVE ZEPHYRHILLS FL 33541**  
 Mailing Address: **37612 BERMUDA DRIVE ZEPHYRHILLS FL 33541**

3. Date Incorporated or Qualified: **09/11/1991**  
 3a. Date of Last Report: **08/03/1995**  
 4. FEI Number: **59-3086360**  
 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  
 25. Country

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

**9. Name and Address of Current Registered Agent**

**PAGE, KINGSLEY H  
 37612 BERMUDA DRIVE  
 ZEPHYRHILLS FL 33541**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/>
NAME	PAGE, KINGSLEY H	
STREET ADDRESS	37612 BERMUDA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	V	<input type="checkbox"/>
NAME	PAGE, MARIAN S	
STREET ADDRESS	37612 BERMUDA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	V	<input type="checkbox"/>
NAME	JONES, ROGER	
STREET ADDRESS	4167 STONEHENGE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	JEROME SORRENTINO		
1.3 STREET ADDRESS	322 HOLLOW OAK CT.		
1.4 CITY-ST-ZIP	SPRING HILL, FL. 34609		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	100001930901	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	-08/23/96--01067--013		
6.3 STREET ADDRESS	***375.00		
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 1-9.07(3)(k), 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:

*Kingsley H. Page*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*KINGSLEY H. PAGE*

*Aug 17, 1996*  
 DATE

CR2E034 (3/96)