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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$90225

1. Corporation Name

Principal Place of Business	Mailing Address			
9713 NW 4TH ST. CORAL SPRINGS FL 33071	9713 NW 4TH ST. CORAL SPRINGS FL 33071			
2. Principal Place of Business	2a. Mailing Address			
21	26			

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90167 041 ***150.00

SAFETY-	SEAL, INC.						
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Principal Place		Mailing Address				•	
9713 NW 4TH ST. 9713 NW 4TH ST. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							
CORAL SPRING	3 FL 330/1	COME SPRINGS PE 33071			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					10/28/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	T A	pplied For
21		26			65-0295171	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27	~		5. Collingia of Calab Booker	Fee R	equired
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		This corporation owes the current year		57/2
24	25		30		Personal Property Tax.	☐ Yes	<u>I</u> VNo
	9. Name and Address of C	Current Registered Agent	81	Nama	10. Name and Address of New Registe	rea Waeur	
HALL	MER, HOWARD		81	Name			
	NW 4TH ST.		82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	AL SPRINGS FL 33071						
COR	AL OFMINOO FL 3307 F		83				ſ
			84	City		85 Zip	Code
				!		FL 3	
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpor	se of changing it	s registered
office or s	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change was au obligations of, Section 607.0505, Flori	itnorized by ida Statutes	the corporati	poration submits this statement for the purpoi ion's board of directors. I hereby accept the a	ippolitime it as t	s registered egistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of registe	State of Florida. Such change was au obligations of, Section 607.0505, Flori ared agent and title if applicable. (NOTE: 1	thorized by ida Statutes	the corporati	ed when reinstating) DA1	re	egistered
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office or ragent. I a SIGNATURE 12.	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of registe OFFICE.	State of Florida. Such change was au obligations of, Section 607.0505, Flori ared agent and title if applicable. (NOTE: 1	Registered Ager 1.1 TITLE	the corporati	ed when reinstating) DA1	S AND DIRECT	ORS 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 changed, or on an attachment with an address, with all other like empowered.

mui SIGNATURE: SIGNING OFFICER OR DIRECTOR