

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S95515 (0)

1. Corporation Name
VEHICLE SAFETY SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 600 NW 5TH AVE 601 NW 25TH AVE OCALA FL 34475 US		Mailing Address 600 NW 5TH AVE 601 NW 25TH AVE OCALA FL 34475 US		3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last Report 04/27/1994
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-3095262	Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARNOLD, DAVID, JR. 3535 SOUTHEAST 19TH AVENUE OCALA FL 32670				10. Name and Address of New Registered Agent			
				81 Name ARNOLD, DAVID JR.			
				82 Street Address (P.O. Box Number is Not Acceptable) 751 SE 80TH ST			
				83			
				84 City OCALA	FL	85 Zip Code 34480	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, DAVID, JR. 6595 SOUTHEAST 19TH AVE OCALA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 751 S.E. 80TH ST OCALA FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIGGS, EDWARD 926 NORTHEAST 18TH ST OCALA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2403 S.E. 17TH CIRCLE OCALA FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 even in attachment with an address.

SIGNATURE: R.D. Arnold, Jr. (904) 351-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period