

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sanyra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 26

DOCUMENT # **V25160** (5)

1. Corporation Name  
**ARCS SAFETY SEAT, INC.**

Principal Place of Business: 2000 PGA BLVD. SUITE 3200 PALM BEACH GARDENS FL 33408  
Mailing Address: 2000 PGA BLVD. SUITE 3200 PALM BEACH GARDENS FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/30/1992**  
3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0332029**  
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  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25

9. Name and Address of Current Registered Agent  
**HARRIS, MICHAEL D.  
712 US HIGHWAY ONE  
4TH FLOOR  
NO PALM BCH FL 33408**

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: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PC</b>
NAME	<b>LANDOW, STUART</b>
STREET ADDRESS	<b>280 PARK AVE S STE 24B</b>
CITY- ST- ZIP	<b>NEW YORK NY</b>
TITLE	<b>S</b>
NAME	<b>ROSEN, CHRISTER</b>
STREET ADDRESS	<b>2000 PGA BLVD SUITE 3200</b>
CITY- ST- ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<b>T</b>
NAME	<b>SAMUELS, JAMES P R</b>
STREET ADDRESS	<b>2000 PGA BLVD SUITE 3200</b>
CITY- ST- ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *J.P. Samuels* Date: 3-9-95 (407) 775-5756  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR