FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V67892

MELBO	urne fire exti nguishe	R CO. INC.			
Principal Place	of Business	Mailing Address			HON BURN DING DIRK DIDIK KODI
676-2 WASHB		676-2 WASHBURN RD.			
MELBOURNE FL 32934 MELBOURNE FL 32934 US			DO NOT WRITE IN THIS SPACE		
1 00		OV .		3. Date Incorporated or Qualified	
				09/28/1992	
⊢	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3140805	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State	······································	Election Compaign Figureing	\$5.00 May Be
23	7	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	• • • • • • • • • • • • • • • • • • • •
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer			10. Name and Address of New Registere	d Agent
CA	MPAINHA, KIRK A.		81 Name		
676-2 WASHBURN RR			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32935					
			83		
			84 City		85 Zip Code
			1 1 '	F	L
SIGNATURE				poration submits this statement for the purpose ation's board of directors. I hereby accept the a	
·	Signature, typed or printed number of registered agr		Registered Agent signature requ		
12.	D OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	CAMPAINHA, KIRK A.				X
STREET ADDRESS	4786 BLACKBERRY DR		1.3 STREET ADDRESS 3	IRICA CAMPAINITA 1580 EGIZET DIZ	
CITY-ST-ZIP	MELBOURNE FL			MELBOURNE FL 3	2901
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CAMPAINHA, LIONEL R.		2.2 NAME		
STREET ADDRESS	4786 BLACKBERRY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·····	Driete	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETË	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		(DEFEIG	6.1 TITLE		LT Calange LT Modifion
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		

CITY-ST-ZIP

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 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, of an an attachment with an address.

FILED

Jan 23 1998 8:00am

Secretary of State