

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 30 1998 8:00am  
 Secretary of State

0115913

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000000505 (4)  
 1. Corporation Name  
 THE SAFE SEAL COMPANY, INC.



Principal Place of Business: 14900 WOODHAM DRIVE, STE. A-125 HOUSTON TX 77073  
 Mailing Address: 14900 WOODHAM DRIVE, STE. A-125 HOUSTON TX 77073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1997  
 4. FEI Number: 76-0323966  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 517 SOUTH 16TH STREET, Suite, Apt. #, etc. 22  
 2a. Mailing Address: 26 2 NORTHPOINT DR., Suite, Apt. #, etc. 27 #300  
 24 77571, 25 Country, 28 HOUSTON, TX, 29 77060, 30 Country

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: HAYNES, WILLIAM E	1.1 TITLE: DIRECTOR & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14900 WOODHAM DRIVE, SUITE A-125	CITY-ST-ZIP: HOUSTON TX 77073	1.2 NAME:	
TITLE: V	NAME: MISHIGH, JOHN	1.3 STREET ADDRESS: 2 NORTHPOINT DR., #300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14900 WOODHAM DRIVE, SUITE A-125	CITY-ST-ZIP: HOUSTON TX 77073	1.4 CITY-ST-ZIP: HOUSTON, TX 77060	
TITLE: SD	NAME: SANSCHAGRIN, GLORIA	2.1 TITLE: SR VP, SECRETARY, TREASURER, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14900 WOODHAM DRIVE, SUITE A-125	CITY-ST-ZIP: HOUSTON TX 77073	2.2 NAME: CHARLES F. SCHUGART	
TITLE: D	NAME: WREN, WAYNE	2.3 STREET ADDRESS: 2 NORTHPOINT DR., #300	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 14900 WOODHAM DRIVE, SUITE A-125	CITY-ST-ZIP: HOUSTON TX 77073	2.4 CITY-ST-ZIP: HOUSTON, TX 77060	
TITLE:	NAME:	3.1 TITLE: VP & ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: DOUGLAS R. HARRINGTON, JR.	
TITLE:	NAME:	3.3 STREET ADDRESS: 2 NORTHPOINT DR., #300	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: HOUSTON, TX 77060	
TITLE:	NAME:	4.1 TITLE: VP & ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: JOHN L. KING	
TITLE:	NAME:	4.3 STREET ADDRESS: 2 NORTHPOINT DR., #300	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP: HOUSTON, TX 77060	
TITLE:	NAME:	5.1 TITLE: VP & ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: FRANK L. LOMBARD	
TITLE:	NAME:	5.3 STREET ADDRESS: 2 NORTHPOINT DR., #300	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: HOUSTON, TX 77060	
TITLE:	NAME:	6.1 TITLE: PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME: KEVIN STERN	
TITLE:	NAME:	6.3 STREET ADDRESS: 517 SOUTH 16TH STREET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP: LA PORTE, TX 77571	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: \_\_\_\_\_ 7/12/98

CR2E034 (5/98)