

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L17911 (3)
 Corporation Name
OCCUPATIONAL SAFETY TRAINING, INC.



Principal Place of Business Mailing Address
140 C SPORTSMAN POINT INVERNESS FL 32651
P.O. BOX 28 INVERNESS FL 32651-7028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1989		4. FEI Number 59-2071841		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1. Principal Place of Business 3813 E Westwind Ct Suite, Apt. #, etc.	2a. Mailing Address	22. City & State Inverness	27. City & State	23. Zip 34453	25. Country USA
24. Zip 34453	26. Country USA	28. Zip 34451	30. Country		

9. Name and Address of Current Registered Agent BEAUDRY, JOHN G. 3813 EAST WEST WIND CT INVERNESS FL 32650		81. Name	10. Name and Address of New Registered Agent		
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	85. Zip Code FL 34453		

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 PD	BEAUDRY, JOHN G. 140 C N. SPORTSMAN PT. INVERNESS FL 34453	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	BEAUDRY, SHARON K. 140 C N. SPORTSMAN PT. INVERNESS FL 34453	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, or on an attachment with an address.

SIGNATURE: **John A. Beaudry** *John A. Beaudry* 2/2/98 (352)3444320

CF2E034 (10/97)