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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300001506 (5) 1. U.S.A. SECURITY SERVICES, INC.

FILED Jan 23 1997 8:00am Secretary of State



Principal Plac 15 BERGEN ST HACKENSACK		Mailing Address 15 BERGEN ST. HACKENSACK NJ 07801-5402		; I DAMOU SIJE IEROO RIJA BAMI DORK UPIK DUJI BAHI RIJUK URIJI UBJIO AIA 1001. ;			
					3. Date Incorporated or Qualified	301/31/19	st Report
2. Principal Place of Business 21		28. Mailing Address 26		4. FE 17 1833	Applied For Not Applicable		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24			Count			Yes X No	
FISC	9. Name and Address of Curr ELLA, JOSEPH A	ent Registered Agent	8	I Name	10. Name and Address of New F	tegistered Agent	
	ESTERO BLVD., #1001						
	MYERS BEACH FL 33931	82 S		2 Street Add	ress (P.O. Box Number is Not Accepti	able)	
			8	3			
			8	4 City		FL 85	Zip Code
office or agent. It is SIGNATURE.	am familiar with, and accept the oblingation in the second second in the second	igations of, Section 607.0505, F	lorida Statut	98. gent signature requ	poration submits this statement for the tition's board of directors. I hereby acc ared when renstating) ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	FISCELLA, JOSEPH A 15 BERGEN ST. HACKENSACK NJ		1.2 NAM	ET ADDRESS		· ,	ange Agomon
NAME STREET ADDRESS OTTY-ST-ZIP	L.) DELETE		2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	ET ADDRESS	, ci	° Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY+ST+ZIP		☐ DELÉTE	3 1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY	ET ADDRESS		☐ Ch	ange Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAM 4.3 STRE	E ET ADORESS		[] Ch	ange Addition
C-TY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE		ET ADDRESS		☐ Ch	ange Addition
CHY-ST-ZIP TITLE NAME STREET ASORESS CITY-ST-ZIP	DELETE 6.1 6.2 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3		5.4 CITY 6.1 T/TLE 6.2 NAM 6.3 STRE 6.4 CITY	ET ADDRESS		☐ Ch	ange Addition

I do 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 or an attach per with an address.

SIGNATURE:

Salle NE OF SIGNING OFFICER OR DIRECTOR