

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **G68096** (8)

1. Corporation Name

**ELITE GUARD AND PATROL SERVICES, INC.**



Principal Place of Business: **220 71 STREET, 201, MIAMI BEACH FL 33141, US**  
 Mailing Address: **220 71 ST, 201, MIAMI BEACH FL 33141, US**

3. Date Incorporated or Qualified: **11/07/1983**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **59-2364658**  
 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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 17100 Collins Ave, Suite, Apt #, etc: 22 Suite 222, City & State: 23 Miami Beach, Zip: 24 33160, Country: 25 U.S.A.**  
 2a. Mailing Address: **26 220 71 ST, Suite: Apt #, etc.: 27 201, City & State: 28 Miami Beach, Zip: 29 33141, Country: 30 USA**

9. Name and Address of Current Registered Agent: **BUFFINGTON, KENNETH L., 19702 N.E. 12 PL., N. MIAMI BCH. FL 33179**

10. Name and Address of New Registered Agent: **81 Name: 82 Buffington, Kenneth L., 83 17100 Collins Avenue, Suite 222, 84 City: Miami Beach, FL, 85 Zip Code: 33160**

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 of corporation officer, director, or registered agent as listed in Block 9. (NOTE: Registered Agent signature required when changing.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	BUFFINGTON, KIMLY M.	
STREET ADDRESS	17070 COLLINS AV STE 282	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/>
NAME	BUFFINGTON, KENNETH	
STREET ADDRESS	17070 COLLINS AV STE 282	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/>
NAME	BUFFINGTON, BETTY	
STREET ADDRESS	17070 COLLINS AV STE 282	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V	<input type="checkbox"/>
NAME	BUFFINGTON, KEVIN	
STREET ADDRESS	17070 COLLINS AV STE 282	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BUFFINGTON, Kimly M		
1.3 STREET ADDRESS	17100 COLLINS Ave. Ste 222		
1.4 CITY-ST-ZIP	Miami Beach, FL.		
2.1 TITLE	DS	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Buffington, Kenneth		
2.3 STREET ADDRESS	17100 COLLINS Ave. #222		
2.4 CITY-ST-ZIP	Miami Beach, FL.		
3.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BUFFINGTON, Betty		
3.3 STREET ADDRESS	17100 COLLINS Ave. Ste 222		
3.4 CITY-ST-ZIP	Miami Beach, FL.		
4.1 TITLE	V	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Buffington, Kevin		
4.3 STREET ADDRESS	17100 COLLINS Ave. Ste. 222		
4.4 CITY-ST-ZIP	Miami Beach, FL.		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Buffington* **Betty Buffington** **7/22/96** **(305) 956-9520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)