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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L32625

(0)

DOCUMENT #

TEMPEST SECURITY SYSTEMS INCORPORATED

Principal Place of Business

Mailing Address

DOCT DESIGN DOV 202046

DOST OFFICE BOY 262046



Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State City & State Trust Fund Contribution Suite, Apt. #, etc. Fee Required Fee Required Suite, Apt. #, etc. Fee Required Fee Required Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. Fee Required Fee Required Fee Required Trust Fund Contribution Added to Fees Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required Fee R	TAMPA FL 3	13685	TAMPA F	L 33685	202040					
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Page		Country		,,,				ntangible tax	 	
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37 WINDWARD ISLAND CLEARWATER FL 34630 11. Pursuant to the provisions of Sections 607 (XXXX) and 807 (XXXXX) and 807 (XXXXXX) and 807 (XXXXXX) and 807 (XXXXXXX) and 807 (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					81	Name				
37 WINDWARD ISLAND CLEARWATER FL 34630 88 88 City FL 85 Zp Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am femiliar with and accept the obligations of, Scotion 607.0505, florida Statutes. SIGNATURE Synchrological State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am femiliar with and accept the obligations of, Scotion 607.0505, florida Statutes. SIGNATURE Synchrological State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am femiliar with a statement of registered agent. I am femiliar with a state	TOWNS	S, GRAEME			82	Street Addre	ess (P.O. Boy Number is Not Acceptab	le)		
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SIGNATURE								FL		
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THE	SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable	[NC	DTE: Registered Age	nt signature required	I when reinstating)	DATE		
WATERMAN, IAN PO BOX 262946 N/A TAMPA FL	12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
STREET ADDRESS PO BOX 262946 N/A	TITLE	•		DELETE	1. 1 TITLE				Change	☐ Addition
TAMPA FL	NAME				1.2 NAMÉ					
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TOWNS, GRAEME 37 WINDWARD ISLAND 22 STREET ADDRESS 24 CITY-ST-ZIP	C:TY-ST-ZIP				1.4 CITY - 9	ST-ZIP				
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NAME	CHY-ST-ZIP	CLEARWATER FL			24 CITY-	ST-ZIP				
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recommends the importance of section in this annual report or supplies with this immight so voluntarily furnished and does not quality for the exemption stated in section in 19.07(5)(k), Florida Statutes, Turner certify that the information indicated on this 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 changes, by on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF