

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000005305 (7)

1. Corporation Name
RIO VISTA SECURITY, INC.



Principal Place of Business: 2190 SE 17TH ST, STE 211, FT LAUDERDALE FL 33316, US
Mailing Address: 2190 SE 17TH ST, STE 211, FT LAUDERDALE FL 33316, US

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0531611
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: RUPP, WILLIAM R, 2190 SE 17TH ST, STE 211, FT LAUDERDALE FL 33316
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CONRAD, EDWARD C [DELETE]	1.1 TITLE	[Change] [Addition]
NAME	1700 S.E. 9TH ST.	1.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33316	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D KOHL, ABE [DELETE]	2.1 TITLE	[Change] [Addition]
NAME	1787 S.E. 9TH ST.	2.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33316	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D THOMPSON, RICHARD [DELETE]	3.1 TITLE	[Change] [Addition]
NAME	1816 S.E. 9TH ST.	3.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33316	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T RUPP, WILLIAM R [DELETE]	4.1 TITLE	[Change] [Addition]
NAME	2190 SE 17TH ST STE 211	4.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[DELETE]	5.1 TITLE	[Change] [Addition]
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[DELETE]	6.1 TITLE	[Change] [Addition]
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] WILLIAM R. RUPP 3/25/96 954-525-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)