

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25783** (2)

1. Corporation Name  
**R.J.D. SECURITY, INC.**



Principal Place of Business  
**134 WEST CHIPPEWA STREET  
BUFFALO NY 14202**

Mailing Address  
**134 WEST CHIPPEWA STREET  
BUFFALO NY 14202**

3. Date Incorporated or Qualified <b>08/23/1989</b>	3a. Date of Last Report <b>02/01/1995</b>
4. FEI Number <b>16-1117440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State: Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State: Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MATTAR, LAWRENCE J.  
1000 NORTH MIAMI AVE.  
MATTAR & DAGOSTINO  
MIAMI FL 33136**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.060 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. NAME	CD DIANA, ROCCO J.	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. STREET ADDRESS	391 WOODBRIDGE	12. NAME	
11c. CITY, STATE, ZIP	BUFFALO NY	13. STREET ADDRESS	
11d. TITLE	PD	14. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11e. NAME	DIANA, ANTHONY N.	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f. STREET ADDRESS	193 HUNTINGTON AVENUE	22. NAME	
11g. CITY, STATE, ZIP	BUFFALO NY	23. STREET ADDRESS	
11h. TITLE		24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11i. NAME		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j. STREET ADDRESS		32. NAME	
11k. CITY, STATE, ZIP		33. STREET ADDRESS	
11l. TITLE		34. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11m. NAME		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n. STREET ADDRESS		42. NAME	
11o. CITY, STATE, ZIP		43. STREET ADDRESS	
11p. TITLE		44. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11q. NAME		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r. STREET ADDRESS		52. NAME	
11s. CITY, STATE, ZIP		53. STREET ADDRESS	
11t. TITLE		54. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11u. NAME		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11v. STREET ADDRESS		62. NAME	
11w. CITY, STATE, ZIP		63. STREET ADDRESS	
11x. TITLE		64. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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: *Rocco J. Diina* **ROCCO J. DIINA** 1-17-96 (716) 855-1766

CR2E034 (12/95)