

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000048875 (5)**

1. Corporation Name  
**FORCE SECURITY SYSTEMS, INC.**



Principal Place of Business: **8407 GRANITE PLACE TAMPA FL 33615**  
Mailing Address: **8407 GRANITE PLACE TAMPA FL 33615-4917**

3. Date Incorporated or Qualified: **06/19/1995**  
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business: **2001 MAPLE AVE**  
2a. Mailing Address: **2001 MAPLE AVE**  
22. City & State: **TAMPA, FLORIDA**  
23. City & State: **TAMPA, FLORIDA**  
24. Zip: **33605** 25. Hillsborough 29. Zip: **33605** 30. Hillsborough

4. FEI Number: **59-3336813**  
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. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **VELASCO, MONTY 8407 GRANITE PLACE TAMPA FL 33615**  
10. Name and Address of New Registered Agent:  
81. Name: **ROBERT VELASCO**  
82. Street Address (P.O. Box Number is Not Acceptable): **4705 LODESTONE**  
84. City: **TAMPA** FL 85. Zip Code: **33615**

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: *[Signature]* DATE: **4/21/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VELASCO, MONTY</b>	
STREET ADDRESS	<b>8407 GRANITE PLACE</b>	
CITY - ST - ZIP	<b>TAMPA FL 33615</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Asst Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT VELASCO</b>	
1.3 STREET ADDRESS	<b>2001 MAPLE AVE</b>	
1.4 CITY - ST - ZIP	<b>TAMPA FL 33605</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 officer 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 a attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/21/97** 813-8810891

CR2E034 (9/96)