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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

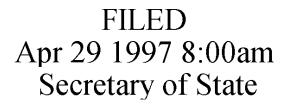
VOLUNTEER SECURITY COMPANY INC

(1)

Mailing Address

Principal Place of Business **BO4 BOUTH EDISON AVENUE**

904 SOUTH EDISON AVENUE





TAMPA FL 33806	1751105	TAMPA FL 33606-2919									
						3.	3. Date Incorporated or Qualified				
2. Principal Place of	Business	2a. Mailing Addre	2a. Mailing Address				FEI Number			Applied	For
21 <	SAME	26 SAME					59-6068696			Not App	olicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6.	Election Campaign Financing		\$5	.00 May	Be
23		28				Trust Fund Contribution			ided to Fee		
Zip	Country Zip Co			B. This corporation has liability for							
24	25	29	30	30			Florida Statutes	Yes			
	ame and Address of Curren	t Registered Agent				10.	Name and Address of New I	Registered	Agent		
Frazier,e				Bí	Name						[
804 SOUTH EDISON AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)							
TAMPA FL 33806											
				83							
				84	City	- 			85	Zip Code	
								<u> </u>		<u>'</u>	
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	typod or printed name of registered age	al and the K applicable	(NOT) Registered		of pionature	Secured who	- to(runation)	DATE			
12.	OFFICERS AND		13.	1 MBG	in signature		ADDITIONS/CHANGES TO OFF		DIREC	TORS IN	12
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	PA FL				ADDRESS ST-ZIP						i
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STREET ADDRESS					ADDRESS						
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NAME			6.2 N/								ľ
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	v that the information cumpling	with this filing does n	6.4 Cl			tated in So	ection 119 07(3)(i) Florida Statu	toe Liuribo	cerlify	that the	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I turiner ceruly 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 trusted 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.