
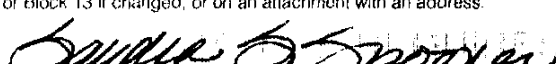


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 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 # 130692 (7)			
1. Corporation Name GIBSON SECURITY CORP.			
Principal Place of Business % MICHAEL WEINTRAUB 200 S.E. FIRST STREET, SUITE 901 MIAMI FL 33131		Mailing Address % MICHAEL WEINTRAUB 200 S.E. FIRST STREET, SUITE 901 MIAMI FL 33131-1809	
2. Principal Place of Business		3a. Date of Last Report 04/30/1996	
2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1935	
21. Suite, Apt. #, etc.		4. FEI Number 59-0263355	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26. Country		9. Name and Address of Current Registered Agent	
27. City & State		10. Name and Address of New Registered Agent	
28. Zip		81. Name	
29. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
30. Country		83.	
31. City		84. City	
32. Zip		85. Zip Code	
33. Country		FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME PEREZ, BARBARA B			
1.3 STREET ADDRESS 200 SE FIRST STREET, #901			
1.4 CITY-ST-ZIP MIAMI FL 33131			
2.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME TAM, CHRISTINA K.			
2.3 STREET ADDRESS 200 SE FIRST STREET, #901			
2.4 CITY-ST-ZIP MIAMI FL 33131			
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 V/T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME SPOONER, SANDRA S.			
5.3 STREET ADDRESS 200 SE FIRST STREET, #901			
5.4 CITY-ST-ZIP MIAMI FL 33131			
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 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:  4-24-97 305/317-6938			
SANDRA S SPOONER V.P. / SECRETARY			

CR2E034 (9/96)