

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 261613 (4)**

1. Corporation Name

**RETAIL SECURITY SYSTEM INC**



Principal Place of Business

Mailing Address

**812 OAKDALE  
PO BOX 444  
WINDERMERE FL 34786-8737**

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PO BOX 444  
WINDERMERE FL 34786-8737**

3. Date Incorporated or Qualified  
**08/08/1962**

3a. Date of Last Report  
**06/27/1995**

2. Principal Place of Business  
**21 812 OAKDALE STREET**

2a. Mailing Address  
**26 POB 444**

4. FEI Number  
**59-0974861**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 WINDERMERE, FLORIDA**

City & State  
**28 WINDERMERE, FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24 34786** Country  
**25 ORANGE**

Zip  
**29 34786** Country  
**30 ORANGE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLTON, IRENE P  
812 OAKDALE  
PO BOX 444  
WINDERMERE FL 32786**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CARLTON, IRENE P  
812 OAKDALE, PO BOX 444  
WINDERMERE FL** ☒ DELETE

**PRESIDENT** ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
**CAROL MANNING  
POB 607  
WINDERMERE, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GOLDBERG, CONNIE C.  
4018 SW 68 WAY  
MIRAMAR FL** ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**CHERI WASHBISH  
POB 960  
WINDERMERE, FL 34786** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MANNING, CAROL  
4018 SW 68 WAY  
MIRAMAR FL** ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**CAREN COPELAND  
VICE PRESIDENT  
2422 SE GILLETTE AVE  
PORT ST LUCIE, FL 34952** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ 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; 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:

*Irene P Carlton Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/96 (407) 576-2651*  
Date Daytime Phone #

CR2E034 (12/95)