FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # 347938 (3)

1. Corporate Name

SECURITY PROPERTIES INC

Principal Place of Business

6909 BEACH BLVD
LEISURE BEACH
HUDSON FL 34667

Mailing Address

6909 BEACH BLVD.
LEISURE BEACH
HUDSON FL 34667

3. Date of Incorporation: 06/15/1969

3a. Date of Last Report: 04/25/1994

2. Federal Employer Identification

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2a. Mailing Address

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Suite, Apt. # or Bldg.

27

City, State, Zip Code

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29 30

4. FEI Number: 59-1293931 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Fee for Certificate Found on Text Form Certificate: $5.00 May Be Added to Fees

8. The corporate records, if not provided below, may be found at the following location:

9. Name and Address of Current Registered Agent

SAFRANEK,ALLAN G
7000 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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 Section 607.0505, Florida Statutes, the undersigned corporation submits the following statement of change of registered office or registered agent, or both, in the office of the Secretary of State. Having been duly elected or appointed as registered agent and having agreed to act in this capacity, I hereby accept the appointment as registered agent and agree to comply with the provisions of Section 607.0505 and all other laws of Florida relating to the performance of my duties.

Signature

12. Officers and Directors

	PD
NAME	SAFRANEK,ALLAN G
Street Address	202 SOUTH ADAMS STREET
City, State	NEW PORT RICHEY FL
	S
NAME	PIPER, VIRGINIA W
Street Address	6909 BCH BLVD
City, State	HUDSON FL
	T
NAME	PAXTON, JAMES N
Street Address	6909 BEACH BLVD
City, State	HUDSON FL

13. Additional Officers and Directors

NAME	Title: Director / Officer
Street Address	
City, State	
NAME	Title: Director / Officer
Street Address	
City, State	
NAME	Title: Director / Officer
Street Address	
City, State	
NAME	Title: Director / Officer
Street Address	
City, State	
NAME	Title: Director / Officer
Street Address	
City, State	
NAME	Title: Director / Officer
Street Address	
City, State	

14. If there are more than six officers and directors, or if additional space is needed, attach a separate page with the required information.

SIGNATURE: Virginia W. Piper, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5-16-95 (813) 863-2560

0365030 CP