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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

SECURITY PROPERTIES INC  Principal Place of Business Mailing Address  6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34667  GOOD BEACH HUDSON FL 34667						3. Date Incorporated or Qualified 3a. Date of Last Report			
						06/15/1969	1 -	05/19/19	•
. Principal Pla	ce of Business	<u></u> ⊢-₁	Mailing Address			4, FEI Number	<u> </u>		Applied For
Suite, Apt. #	C obs	26	Suite, Apt. #, etc.			59-1293931			Not Applicable Additional
Solle, Apr. +	e, etc.	27	50(t), Apr. #, etc.			5. Certificate of Status Desired		•	Required
City & State			City & State			6. Election Campaign Financing			D May Be
<u>.</u> ا		28				Trust Fund Contribution			to Fees
Ziţ1 <b>,</b> ]	Country [25]	29	Zip	Coun 30	ıry	8. This corporation has liability for in Florida Statutes Yes	Intangible ta ☐ No	ax under s	199.032,
	9. Name and Address		tered Agent			10. Name and Address of New R	Registered	Agent	
				8	31 Name				
Safranek,allan G 7000 U.S. Highway 19 North New Port Richey Fl 34652		14		1	32 Street Add	ress (P.O. Box Number is Not Acceptab	oie)		
		H		1	33				
(ALAY F	on moner is store				B4 City			os Z	Code
					B4 City			85 Zg	Code
familiar wit	o the provisions of Sections but agent, or both, in the Stanta	607.0502 and 60 ite of Florida. Such is of, Section 607.	07.1508, Florida Stat h change was autho .0505, Florida Statut	tutes, the aboverized by the cotes.	e-named corpo orporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of ch ointment as		egistered office agent. I am
familiar wit	h, and accept the obligation  Structure typical or control have of recording	ns of, Section 607.	andeable (CTORS	[NOTE: Registered A	igent signature require		rpose of ch ointment as DATE ICERS AND	nanging its resistered	RS IN 12
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cerery triat 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.

1-26-96 (813) 863-2560
Date Destine Phone #