

**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 # **352712** (4)

1. Corporation Name  
**SOUTHWESTERN SECURITY SYSTEMS, INC.**



Principal Place of Business: **16971 SW 303 ST, P.O. BOX 1525, HOMESTEAD FL 33030 US**  
Mailing Address: **16971 SW 303 ST, P.O. BOX 1525, HOMESTEAD FL 33030 US**

3. Date Incorporated or Qualified: **09/23/1969**  
3a. Date of Last Report: **05/22/1995**  
4. FEI Number: **59-1510794**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**ADAMSON, HERMAN JR.  
16971 S.W. 303 ST.  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHESTER, ROBERT B	
STREET ADDRESS	16971 S.W. 303 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, HERMAN JR.	
STREET ADDRESS	16971 S.W. 303 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAMSON, MARY H.	
STREET ADDRESS	16971 S.W. 303 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMSON, HERMAN III	
STREET ADDRESS	16971 S.W. 303 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>Delete</i>
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>PSD</i>
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>300001777899</b>
53 STREET ADDRESS	<b>-04/12/96--01015--017</b>
54 CITY-ST-ZIP	<b>***200.00</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *Mary H. Adamson* 1/17/96 247-4654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (12/95)