

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:07

**DOCUMENT # 387339 (5)**

1. Corporation Name  
**SAFEGUARD SERVICES, INC.**

Principal Place of Business Mailing Address  
**13985 PEMBROKE ROAD P.O. BOX 821468**  
**PEMBROKE PINES FL 33027-2001 SOUTH FLORIDA FL 33082-1468**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1971** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business: 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-1399022** Applied For Not Applicable  
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 § 193(3), Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GARCIA, MANNY**  
**1720 HARRISON ST**  
**HOLLYWOOD FL 33020**

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 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 must be printed in full, including last name and first initial)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CONNOR, KEVIN
STREET ADDRESS	5119 VAN BUREN STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	STD
NAME	CONNOR, THOMAS
STREET ADDRESS	5119 VAN BUREN STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	CONNOR, THOMAS
STREET ADDRESS	5119 VAN BOREN ST
CITY, ST, ZIP	HOLLYWOOD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CONNOR, KEVIN
1.3 STREET ADDRESS	P.O. BOX 821468
1.4 CITY, ST, ZIP	SOUTH FLORIDA, FL. 33082-1468
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNOR, KEVIN
2.3 STREET ADDRESS	P.O. BOX 821468
2.4 CITY, ST, ZIP	SOUTH FLORIDA, FL. 33082-1468
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONNOR, KEVIN
3.3 STREET ADDRESS	P.O. BOX 821468
3.4 CITY, ST, ZIP	SOUTH FLORIDA, FL. 33082-1468
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Sections 193(3)(b) 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 amendment with an address.

SIGNATURE: *Kevin T. Connor* (KEVIN T. CONNOR) 2-1-95 (205) 430-3040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR