

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 469142 (4)
1. Corporation Name
GUARDIAN SECURITY SYSTEMS, INC.



Principal Place of Business Mailing Address
1283 N US HWY 1 1283 N US HWY 1
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-2995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CAVARRETTA, CHESTER P. SR.
22 VILLAGE DRIVE
ORMOND BCH FL 32074

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/07/1975

3a. Date of Last Report

04/29/1996

4. FEI Number

59-1572365

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 s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PV ☐ DELETE

NAME CAVARRETTA, CHESTER P.
STREET ADDRESS 22 VILLAGE DRIVE
CITY-ST-ZIP ORMOND BEACH FL

TITLE ST ☒ DELETE

NAME BUTTIGLIERI, PETER
STREET ADDRESS 378 FLORMOND AVE.
CITY-ST-ZIP ORMOND BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VP + TREASURER

☒ Change

☐ Addition

1.2 NAME

CHESTER CAVARRETTA

1.3 STREET ADDRESS

22 VILLAGE DRIVE

1.4 CITY-ST-ZIP

ORMOND BCH, FL 32174

2.1 TITLE

PRESIDENT + SEC.

☐ Change

☒ Addition

2.2 NAME

FRANK N. CONTE

2.3 STREET ADDRESS

40 Nicholas Court

2.4 CITY-ST-ZIP

ORMOND BCH, FL 32176

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Frank N. Conte

5/1/97 904-1673-7054

CR2E034 (9/96)