

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 503358 (4)

95 JAN 17 PM 12:00

1. Corporation Name  
CIRCLE SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address  
7340 SW 61ST CT 7340 SW 61ST CT  
S MIAMI FL 33143 S MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1976  
3a. Date of Last Report 01/21/1994

4. FEI Number 59-2677865  
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

2. Principal Place of Business 2a. Mailing Address

21 2a. Suite, Apt. #, etc. 27

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

STONER, CHARLTON  
1101 BRICKELL AVENUE, SUITE 1700  
MIAMI FL 33131

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 (Print or printed name of registered agent, and title if applicable)

Signature (Print or printed name of registered agent, and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

11	PTD EHRENKRANTZ, IRA 8115 S.W. 92 CT MIAMI FL
12	VSD EHRENKRANTZ, LEE EVAN 4021 BONITA AVE. MIAMI FL
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18	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	12 NAME	
13	13 STREET ADDRESS	
14	14 CITY, ST, ZIP	
21	21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	22 NAME	
23	23 STREET ADDRESS	
24	24 CITY, ST, ZIP	
31	31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	32 NAME	
33	33 STREET ADDRESS	
34	34 CITY, ST, ZIP	
41	41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	42 NAME	
43	43 STREET ADDRESS	
44	44 CITY, ST, ZIP	
51	51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	52 NAME	
53	53 STREET ADDRESS	
54	54 CITY, ST, ZIP	
61	61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	62 NAME	
63	63 STREET ADDRESS	
64	64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.03(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. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a supplemental filing, as indicated.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/10/95 305 667 0444  
DATE SYSTEM PREFIX