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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 519172

(1)

MICHAEL SAUNDERS SECURITY CORP.

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**FILED** 

Apr 30 1997 8:00am

Secretary of State

<u> </u>		Mailing Address					E   E
Principal Plac				1 B1217 95211 91911 91911 1	BIGIT DEBEN NUBI		
1801 MAIN ST. SARASOTA FL		1801 MAIN ST. Sarasota Fl 34236-5911					
					3. Date Incorporated or Qualified 12/01/1976	3a. Date of Le 03/28/199	
2. Principal Place of Business		28. Mailing Address	⊢ ř		4. FEI Number	Applied For	
Sulte, Apt. #, etc.		26 Suite Apt # pte			59-1706377	Not Applicable	
22]		Suite, Apt. #, etc.			5. Certificate of Status Desired	7	75 Additional
City & State		City & State	City & State				e Required
23		28			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
ZIP	Country	Zip	Country		8. This corporation has liability for		
24	25	29 3	0			Yes No	lei S. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered Agent	
EISE	MAN, SAUL		81 N	ame			
	I MAIN STREET		<b>82</b> Si	reet Addres	ss (P.O. Box Number is Not Accepta	ble	
SAR	ASOTA FL 34236				To the second se		
			83				
			<b>84</b> Ci	ty		<b>—</b> 85	Zip Code
11 Purcuant	to the provisions of Spetiage 607.00	FO2 and FO7 1FO9 Florida Statutas	the character			FL  °°	
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was autigations of, Section 607.0505, Florid	thorized by the da Statutes.	corporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose of changil pt the appointmen	t as registered
SIGNATURE	Signature, typed or printed name of registered a						
12.		IND DIRECTORS	Registereo Agent sig	nature required	ADDITIONS/CHANGES TO OFFICE	DATE AND DIDECT	TODO IN 10
TITLE	PD	DELETE	1,1 TITLE	DII		Char	
NAME	SAUNDERS, MICHAEL	_	1.2 NAME	DVS	UNDERS, MICHAEL	X	igo nocilion
STREET ADDRESS	1801 MAIN ST.		1.3 STREET ADDR		Ol MAIN ST		
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY - ST - ZIP	1	RASOTA, FL 34236		
TITLE	STD	DELETE	2.1 TITLE	DP	TASUIA,FL34236	<b>★</b> Char	nge Addition
NAME	EISEMAN, SAUL		2.2 NAME	EIS	SEMAN, SAUL		
STREET ADDRESS	1801 MAIN ST.		2.3 STREET ADDR		01 MAIN ST		
CITY-ST-ZIP	SARASOTA FL 34236		2 4 CHY-S1-7IF	- 1	RASOTA, FL 34236		
TITLE		DELETE	31 THLF			Char	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDR	ESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3 4. CITY - \$1 - ZIF	·			
TITLE		<b>∐</b> DELETE	4.1 TITLE			☐ Char	ige 🔲 Addition
NAME	•		4. 2 NAME				
STREET ADDRESS		J	4.3 STREET ADDR	ESS			i
CITY-ST-ZIP		- Drutte	4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			L Chan	ige 🔲 Addition
NAME STREET ADDRESS			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS			į
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S1 - ZIP			110:	00 1 4 4 4 9 1 - 1
NAME			6.1 TOTLE			L Chan	ge 🔲 Addition
STREET ADDRESS			6.2 NAME	ree			
			6.3 STREET ADDR	199			
CITY-ST-ZIP			64 CHY+ST-ZIP				

I do hereby certify that the information supplied with this filling 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 of supplemental annual report is true and accurate and that my signature shall have the same logal 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 13 if changed, or on an attachment with an address.