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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 06 1996 8:00 am
Secretary of State

DOCUMENT # 527599 (5)

1. Corporation Name

ARGUS SECURITIES, INC.



Principal Place of Business

Mailing Address

7249 US HWY 19
NEW PORT RICHEY FL 34652

7249 US HWY 19
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified
03/10/1977

3a. Date of Last Report
01/24/1995

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

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKOFF, BERTRAM SORREL
11641 OAK AVENUE
SEMINOLE FL 34642

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, typed or printed name of registered agent and the filer if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BECKOFF, BERTRAM S.
STREET ADDRESS 11641 OAK AVENUE
CITY, ST, ZIP SEMINOLE, FL 00000

☐ DELETE

TITLE V
NAME ROGERS, CATHY
STREET ADDRESS 956 TRADEWINDS TRAIL
CITY, ST, ZIP PALM HARBOR FL

☐ DELETE

TITLE
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CITY, ST, ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
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21 TITLE
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41 TITLE
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51 TITLE
52 NAME
53 STREET ADDRESS
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61 TITLE
62 NAME
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64 CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)