PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

598315

(0)

DOCUMENT # 1. Corporation Name	598315	((
COUNTERFORCE	FLECTRONICS SECURITY	INC

Principal Place of Business Mailing Address									
					1 100137 \$1110 10101 10101 11101 710		11 91811	31844 81811 81811 4881	
1331 W. CENTRAL BLVD. ORLANDO FL 32805 1331 W. CENTRAL BLVD. ORLANDO FL 32805									
						 Date Incorporated or Qualified 12/26/1978 	3a. Date		1 Report 1 1995
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26 P.O. Box 55	5489		-	59-1897125			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	75 Additional
City & State		City & State				6. Election Campaign Financing			e Required
23		28 Orlando				Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta		
24	25	29 32855-5489	30				⊠ No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	egistered A	gent	
				81	Name				
	ROY M. JR.			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)		
	. CENTRAL BLVD.								
ORLANI	DO FL 32805			83					
				84	City	THE		85	Zip Code
45 Discound to	the provisions of Costions COZ DEDO	200 CO2 1000 Florida Chala		ll			ĻĻ	Щ.	
or registere	ed agent, or both, in the State of Florid	ia. Such change was authorize	s, the abo ed by the c	south:	amed corp pration's bo	oration submits this statement for the pur lard of directors. I hereby accept the app	rpose of chai ointment as i	ıgıng it egister	s registered office red agent. I am
familiar with	n, and accept the obligations of, Section	on 607.0505, Florida Statutes.							
SIGNATURE: _	Signature, typod or printed name of registered agost.	and the if accelerate (NO)	F. Beoistered	Anen	L sincature recui	ired when rainstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
TITLE	STD	DELETE	1. 1 T	ITLE] Chang	
NAME	FOX, STEPHEN M.		1.2 N/	4ME					
STREET ADDRESS	1331 W CENTRAL BLVD		1.3 ST	IREET	ADDRESS				
CITY-ST-7IP	ORLANDO, FL 00000	and the second s	1.4 CI	1Y-\$	T-ZIP				
TITLE	PD	☐ DELETE	2 1 7	I) L E) Chang	e 🔲 Addition
NAME	DEAL, TROY M III		2.2 NA	4.ME					
STREET ADDRESS	1331 W. CENTRAL BLVD.		2.3 \$1	REET	ADDRESS				
CITY - ST - ZIP	ORLANDO FL C	F DELETE	2 4 CI		1-ZIP			1.0	
TITLE NAME	DEAL, TROY M. JR.	DELÉTE	3 1 7				L] Chang	e Addition
STREET ADDRESS	1331 W. CENTRAL BLVD.		3.2 N/		4500000				
CITY-ST-ZIP	ORLANDO FL				ADDRESS				
TITLE	<u>v</u>	☐ DELETE	3.4 CI 4. 1 TI		1-4IF] Chang	e
NAME	PASHUCK, EUGENE T. J	<u></u>	4.2 %				_	, oneng	- 1-1 (100/10))
STREET ADDRESS	1331 W. CENTRAL BLVD.				ADDRESS				
CITY-ST-ZIP	ORLANDO FL		4.4 CI		1				
TITLE	V	☐ DELETE	5 1 7] Chang	e 🔲 Addition
NAME	OPPELT, JOSEPH L. J		5.2 NA	AME					
STREET ADDRESS	1331 W. CENTRAL BLVD.		5 3 ST	REET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CI	TY-S	I - ZIP				
TITLE		[] DELETE	6. 1 TI	IILE	[_	Ξ) Chang	e 📋 Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	TREE 1	ADDRESS				
CITY-ST-ZIP	and futbal the late with the late	Call All Call Place for the St. N. C. N. C. N.	6.4 CI				07-017		
certify that I	the information indicated on this acro-	al report or supplemental appu	ial report is	s tru	e and accu	for the exemption stated in Section 119. rate and that my signature shall have the	samo lonal d	ifford as	e if mada undar
oath; that I	am an officer or director of the corpor Block 12 or Block 13 if changed, or o	ration or the receiver or trustee	empower	red t	o execute t	his report as required by Chapter 607, Fi	orida Stalute	s; and	that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED BY ME OF SIGNING OFFICER OR DIRECTOR Stephen M. Fox

4/30/96

(407)849-6426

Daytime Phone #