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Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 768560 (5)**

1. Corporation Name

CREST RIDGE GARDENS SECURITY PATROL, INC.

Principal Place of Business

Mailing Address

**4806 - 4808 PHOENIX AVENUE
HOLIDAY FL 34690****4806 - 4808 PHOENIX AVENUE
HOLIDAY FL 34690**3. Date Incorporated or Qualified
05/20/19833a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERN, RICHARD A.
4935 VISION AVENUE
HOLIDAY FL 34690****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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KERN, RICHARD A.	
STREET ADDRESS	4935 VISION AVENUE	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BUERGER, JERRY LEE	
STREET ADDRESS	1543 SENTINEL STREET	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SANDERS, MILDRED	
STREET ADDRESS	4844 MIRAGE AVE	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KERN, JOYCE	
STREET ADDRESS	4935 VISION AVENUE	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POVLINKO, JOSEPH	
STREET ADDRESS	1534 TOLEDO ST	
CITY - ST - ZIP	HOLIDAY, FL 34690	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MC GEE, ALLEN	
STREET ADDRESS	1447 LANDAU STREET	
CITY - ST - ZIP	HOLIDAY FL 34690	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Kern

1-20-97

813-937-

1036

CR2E037 (9/96)