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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768824** (5)

1. Corporation Name

THE PASCO COUNTY SECURITY PATROL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

KEN KEER, PRESIDENT
522 5TH ISLE NORTH
PORT RICHEY FL 34668
US

7531 EMBASSY BLVD
PORT RICHEY FL 34668
US



3. Date Incorporated or Qualified

08/09/1983

4. FEI Number

59-2877014

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 JIM STERNIG, PRES

26 7531 EMBASSY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7531 EMBASSY BLVD

27

City & State

City & State

23 PORT RICHEY FL

28 PORT RICHEY FL

Zip

Country

Zip

Country

24 34668

25 PASCO

29 34668

30 PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERNIG, JIM
7531 EMBASSY BLVD
PORT RICHEY FL 34668

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

Jim Sternig

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 **P** ☐ DELETE

NAME **STERNIG, JIM**
STREET ADDRESS **7531 EMBASSY BLVD**
CITY-ST-ZIP **PORT RICHEY FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **HOOPS, CHRIS W.**
STREET ADDRESS **9817 TRADEWINDS DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **T** ☒ DELETE

NAME **FROUMAN, MAX**
STREET ADDRESS **28443 TRIDENT CT**
CITY-ST-ZIP **WESLEY CHAPEL FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **MARKLE, TRACY**
STREET ADDRESS **9533 ANDY DRIVE**
CITY-ST-ZIP **HUDSON FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **VERBOCZ, ELMER**
STREET ADDRESS **1538 PLUM TREE ROAD**
CITY-ST-ZIP **HOLIDAY FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **MOSKOWITZ, ARTHUR**
STREET ADDRESS **28538 TWINBROOK LANE**
CITY-ST-ZIP **WESLEY CHAPEL FL**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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: *Jim Sternig* **REQUIRED**

CP2E037 (10/97)