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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 832728 (0

FILED Feb 18 1997 8:00am Secretary of State

STANDARD LAW ENFORCEMENT SUPPLY CO. Principal Place of Business Mailing Address			231		rualified 3a. Date of Last Report	
				07/22/1974	03/22/1996	
· · ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt #. etc.		Suite, Apt. #, etc		34-1056475	Not Applicable	
22 Suite, Apr	#, etc.	27 Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	·	Trust Fund Contribution		
Zip	Country	Zìp	Country	8. This corporation has liability for intan	igible tax under s. 199.032, is No	
24	9. Name and Address of Curre	29 nt Registered Agent	30	Florida Statutes Ye 10. Name and Address of New Registe		
JARRELL, HOUSTON 81						
	3512 U.S. HWY. 1792			ress (P.O. Box Number is Not Acceptable)		
CASSELBERRY FL 32707				,		
			83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statuti	es, the above-named cor	poration submits this statement for the purpo	ose of changing its registered	
agent. La SIGNATURE	Stgruture, typed or printed name of registered ag		orida Statutes. Registered Agent signature requi	tion's board of directors. I horeby accept the ired when reinstating) ADDITIONS/CHANGES TO OFFICERS	ATE	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	WEINTRAUB, LEONARD		1.2 NAME			
STREET ADDRESS	4920 E. 345TH ST.		1.3 STREET ADDRESS			
CITY - ST - ZIP	WILLOUGHBY OH	DELETE	1.4 CITY - ST - ZIP		Change Addition	
1-TLE NAME	JARRELL, HOUSTON		21 TITLE 22 NAME		Criange Augmour	
STREET ADDRESS	920 N. HWY 17-92		2.3 STREET ADDRESS			
CHTY - ST - ZIP	LONGWOOD FL		2. 4 CITY - ST - ZIP		,	
TITLE	8	DELETE	3 1 TITLE		Change Addition	
NAME	GARDNER, HOWARD		3.2 NAME			
STREET ADDRESS	4807 ROCKSIDE RD. CLEVELAND OH		3.3 STREET ADDRESS			
TITLE	OLETEDARD ON	DELETE	3.4. CITY - ST - ZIP 4.1 THLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELÉ1E	5.1 TITLE		Change Addition	
NAME EINEEL ADDRECC			5.2 NAME			
STREET ADDRESS CITY-ST-7IP			5.3 STREET ADDRESS			
TITLE		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY-ST ZIP			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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leman We

/ LEONANA

WEINTAHUB

76-90