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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F46895

(1)

1. Corporation Name

CERTIFIED SYSTEMS, INC.



Principal Place of Business

3402 ORIENT ROAD
TAMPA FL 33619

Mailing Address

3402 ORIENT ROAD
TAMPA FL 33619-1945

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/01/1981

3a. Date of Last Report
05/21/1996

4. FET Number
59-2138924

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FLETCHER, GLENN MICHAEL
3402 ORIENT ROAD
TAMPA FL 33619

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLETCHER, GLENN M
STREET ADDRESS 607 PRINCETON ST.
CITY-ST-ZIP BRANDON FL

TITLE STD
NAME FLETCHER, RUTH A
STREET ADDRESS 607 PRINCETON STREET
CITY-ST-ZIP BRANDON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President; Director
1.2 NAME c/o Holmes Protection, Inc.
1.3 STREET ADDRESS 440 Ninth Ave
1.4 CITY-ST-ZIP New York, New York 10001

2.1 TITLE Vice President/Treasurer
2.2 NAME c/o Holmes Protection, Inc.
2.3 STREET ADDRESS 440 Ninth Ave
2.4 CITY-ST-ZIP New York, New York 10001

3.1 TITLE Dennis M. Stern, Secretary
3.2 NAME c/o Holmes Protection, Inc.
3.3 STREET ADDRESS 440 Ninth Ave
3.4 CITY-ST-ZIP New York, New York 10001

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 exercise the 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

4/17/97

212-629-1228

CR2E034 (9/96)