FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001751 (6)

1. Corporation Name
PM SECURITY CORP.

Principal Place of Business
PO BOX 865
STATEN ISLAND NY

Mailing Address
PO BOX 865
STATEN ISLAND NY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 13-3501141 — 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
PESCE, PATRICK
123 A1A
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name: PATRICK PESCE
82 Street Address (P.O. Box Number is Not Acceptable): 123 A1A
83 SATELLITE BEACH FL 32937
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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] 1/28/95
Signature (typed or printed name of registered agent) (DATE) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	PRESIDENT.	☑ Change ☐ Addition
NAME	PESCE, PATRICK	12 NAME	JOSEPH M. PESCE	
STREET ADDRESS	815 WILLOWBROOK ROAD	13 STREET ADDRESS	P.O. BOX-865 NA	
CITY ST ZIP	STATEN ISLAND NY 10314	14 CITY ST ZIP	STATEN ISL. N.Y. 10314	
TITLE	P	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	PESCE, PATRICK	22 NAME	PATRICK PESCE	
STREET ADDRESS	88 NEW DORP PLAZA	23 STREET ADDRESS	P.O. BOX 865 NA	
CITY ST ZIP	STATEN ISLAND NY 10306	24 CITY ST ZIP	STATEN ISL. NY 10314	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 hereunder, or on an attachment with an addition.

SIGNATURE: [signature] 212-505 5380
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0484483 FN