

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001751 (6) 2669

1. Corporation Name

PM SECURITY CORP.



Principal Place of Business

PO BOX 865
STATEN ISLAND NY

Mailing Address

PO BOX 865
STATEN ISLAND NY

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PESCE, PATRICK
123 A1A
SATELLITE BEACH FL 32937

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 principal officer

Signature, typed or printed name of registered agent and principal officer

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME PESCE, JOSEPH M
STREET ADDRESS P.O. BOX 865 NA
CITY-ST-ZIP STATEN ISLAND NY 10314

TITLE V [] DELETE

NAME PESCE, PATRICK
STREET ADDRESS P.O. BOX 865
CITY-ST-ZIP STATEN ISLAND NY 10314

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

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TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-ST-ZIP [] Change [] Addition

21 TITLE [] Change [] Addition

22 NAME [] Change [] Addition

23 STREET ADDRESS [] Change [] Addition

24 CITY-ST-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-ST-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME [] Change [] Addition

43 STREET ADDRESS [] Change [] Addition

44 CITY-ST-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME [] Change [] Addition

53 STREET ADDRESS [] Change [] Addition

54 CITY-ST-ZIP [] Change [] Addition

61 TITLE [] Change [] Addition

62 NAME [] Change [] Addition

63 STREET ADDRESS [] Change [] Addition

64 CITY-ST-ZIP [] Change [] Addition

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)(a) 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 718
494-6591
218 325-1232

CR2E034 (12/95)