

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 14 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000005876 (7)

1. Corporation Name
NHC SECURITY SYSTEMS, INC.

Principal Place of Business C/O NANTUCKET HOLDING COMPANY 115 EAST PUTNAM AVENUE GREENWICH CT 06830	Mailing Address C/O NANTUCKET HOLDING COMPANY 115 EAST PUTNAM AVENUE GREENWICH CT 06830
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1994		3a. Date of Last Report	
21		26		4. FEI Number APPLIED FOR 06141 0099		Applied For Not Applicable	
22. Suits, Apt. #, etc.		27. Suits, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONNELL, RUSSELL R	1.2 NAME	
STREET ADDRESS	115 EAST PUTNAM AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENWICH CT 06830	1.4 CITY - ST - ZIP	
TITLE	TVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDECORN, DAVID	2.2 NAME	
STREET ADDRESS	115 EAST PUTNAM AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREENWICH CT 06830	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANDEL, GEORGETTE L	3.2 NAME	
STREET ADDRESS	115 EAST PUTNAM AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENWICH CT 06830	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: _____ DATE: **6/13/97** **203-869-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)