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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

MENDED 1	996				NS					
DOCUM 1. Corporation	MENT # F94000 Name	005876(7)							
NHC	SECURITY SYST	EMS, INC	•							
Principal Place	of Business	Mailing	Address			-				
Principal Place of Business c/o Nantucket Holding Company Nantucket Holding						nv				
115 East Putnam Avenue 115 East Putnam A						,				
	CT 06830		Greenwich CT 06830			İ	3. Date Incorporated or Qualified	3a. Date of Las	,	
51							11/14/1994	05/01/		
2. Principal Plac	ce of Business	— <u>—</u>	ing Address				4. FEI Number 06-1410099	-	Applied For Not Applicable	
21		26	o Ant # oto					\$8	.75 Additional	
Suite, Apt. #	, etc.	27	e, Apt. #, etc.				5. Certificate of Status Desired	1 1	ee Required	
City & State			& State				Election Campaign Financing Trust Fund Centribution		0.00 May Be	
23 Zip	Country	Zip		Country			B. This corporation has liability for in		rs 199.032,	
24	25	29	30	<u> </u>			Florida Statutes Yes			
	9. Name and Address of (Current Registered	d Agent	81	Name		10. Name and Address of New Re	gistered Agent		
n 1:	1 D TV-1Jakawa	To a		6'						
Konaic	R. Fieldstone,	rsd.	82 Street Ad			Addres	s (P,O. Box Number is Not Acceptable))		
200 S.	Biscayne Blvd.			83						
Microsi 17 22121								las!	Zip Code	
LITCHIT	, FB 33131			84	City			FL 85	zip code	
11. Pursuant to or registere	the provisions of Sections 60 agent, or both, in the State	7.0502 and 607.150 of Florida, Such cha f. Section 607.0505	08, Florida Statutes, the nge was authorized by Florida Statutes.	ne above-r y the corp	named co oration's	orporati board	on submits this statement for the purp of directors. I hereby accept the appoi	ose of changing ntment as registe	its registered office ered agent. I am	
	i, and accept the congenions o	,, 0000011 001 10000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE _	Signature, typed or printed name of register				nt signature re	equired w	hen renstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	CTORS IN 12	
12.	TVC	RS AND DIRECTOR	IS DELETE	13.		Γ.	D	1 € Char		
TITLE	Heidecorn, Davi	đ	M percir	1.2 NAME	•	4	Donnell, Russell R.			
NAME STREET ADDRESS				1.3 STREET	ADDRESS		115 East Putnam Avenue			
CITY-ST-ZIP					ST-ZIP	Gre	enwich CT 06830			
TITLE	S		DELETE	2. 1 TITLE			PD	☑ Char	nge 🗀 Addition	
NAME				2.2 NAME		A11	en, Richard S.			
STREET ADDRESS	115 East Putnan					1 Cornell St.				
CITY-ST-ZIP	Greenwich CT 06	5830	C) DC ETT	2.4 CITY- S	T-ZIP	Sar	asota, FL 34237	[] Char	nge Addition	
TITLE			☐ DELETE	3 1 TITLE 32 NAME		1			J	
NAME [T ADDRESS	1				
STREET ADDRESS CITY-ST-ZIP				3.4 CITY - 9						
TITLE			DELETE	4 1 TITLE				Char	nge 🔲 Addition	
NAME				4 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY - S	ST-ZIP	ļ		☐ Chai	nge 🔲 Addition	
TITLE			DELETE	5. 1 TITLE			600000185	OOME		
NAME				5.2 NAME 5.3 STREET	. VUDBEGG		~06/04/96~~000	D000 ●		
STREET ADDRESS				5.4 CITY-S			***61.25	ŧ		
CITY+ST-ZIP			DELETE	6 1 TITLE	, · L*			Cha	nge 🔲 Addition	
NAME				6.2 NAME						
STREET ADDRESS				63 STREET	ADDRESS	1				
C:TV C7 *ID				64 CITY - 3	ST-ZIP	<u> </u>		STONIA CARRO	totutos I fughes	
14. I do hereb	y certify that the information su	polied with this filing	j is voluntarily furnishe	ed and doe	es not que	alify for	the exemption stated in Section 119.0 and that my signature shall have the	יינאן(א), רוסוומם S same legal effect	as if made under	

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 efficier 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 oranged, or on an attacoments with an address.

Richard S. Allen

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/96

203-869-720

