

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006418 (7)**

1. Corporation Name

AUTHORIZED SECURITY, INC.



Principal Place of Business

**118-35 QUEENS BLVD., STE. 1205
12TH FLOOR
FOREST HILLS NY 11375**

Mailing Address

**118-35 QUEENS BLVD., STE. 1205
12TH FLOOR
FOREST HILLS NY 11375**

2. Principal Place of Business

21 State: **NY**

22 City & State:

23 Zip: Country:

24 9. Name and Address of Current Registered Agent

**FLYNN, EUGENE
1355 NW 188TH ST.
MIAMI FL 33169**

2a. Mailing Address

26 State: **NY**

27 City & State:

28 Zip: Country:

29 30

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

03/21/1995

4. FEI Number

11-3064482

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

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 603.04(1)(a) and 603.15(2)(b), 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 I accept the obligations of Sections 603.04(1)(a) and 603.15(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

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19. NAME

20. NAME

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22. NAME

23. NAME

24. NAME

25. NAME

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27. NAME

28. NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

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16. NAME

17. NAME

18. NAME

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24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

SIGNATURE:

Vincent Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/94 (718) 793-1818

CR2E034 (12/95)