

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 11375-7205



3. Date Incorporated or Qualified 12/16/1994	3a. Date of Last Report 01/24/1996
4. FEI Number 11-3064482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

4315E14ST  
DANIA FL

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 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	CPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, VINCENT	1.2 NAME	
STREET ADDRESS	72 HURON ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEROSSE VILLAGE NY 11001	1.4 CITY - ST - ZIP	
TITLE	CV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, EUGENE	2.2 NAME	
STREET ADDRESS	1355 NW 188TH ST	2.3 STREET ADDRESS	431 SOUTH EAST 14 ST
CITY - ST - ZIP	MIAMI FL 33169	2.4 CITY - ST - ZIP	DANIA, FLA 33004
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZMAN, ROBERT A	3.2 NAME	
STREET ADDRESS	77-25 250TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEROSSE NY 11428	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vincent Flynn DATE: 1-1-97 (718) 753-1818

CR2E034 (9/96)