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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000003050 (0)**

1. Corporation Name

AMERICAN COMMERCIAL SECURITY SERVICES, INC.



Principal Place of Business

**110 W. COLUMBUS DR.
TAMPA FL 33602**

Mailing Address

**110 W. COLUMBUS DR.
TAMPA FL 33602**

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 50 Fremont Street

2a. Mailing Address

26 50 Fremont Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4th Floor

27 4th Floor

City & State

City & State

23 San Francisco

28 San Francisco

Zip

Country

Zip

Country

24 94105

25 San Francisco

29 94105

30 San Francisco

9. Name and Address of Current Registered Agent

**C T 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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ DELETE
NAME **BANNER, WILLIAM C**
STREET ADDRESS **110 W. COLUMBUS DR.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D** ☐ DELETE
NAME **ROSENBERG, SYDNEY J**
STREET ADDRESS **9831 W. PICO BLVD.**
CITY-ST-ZIP **LOS ANGELES CA 90035**

TITLE **CFOS** ☐ DELETE
NAME **PARKER, ROBERT**
STREET ADDRESS **110 W. COLUMBUS DR.**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 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:

Robert Parker
Robert Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/22/96
Date

(415) 597-4500
Daytime Phone #

CR2E034 (12/95)