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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

WORLD	SECURITY SERVICES, INC.	(1)			
Principal Place of Business 318 N. DIXIE HWY NEW SMYRNA BEACH FL 32168-6704		318 N. DIXIE HWY NEW SMYRNA BEACH FL 32168-6704			
				3. Date Incorporated or Qualified 03/08/1983	3a. Date of Last Report 03/08/1996
2, Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	H zito	Suite, Apt. #, etc.		59-2440974	Not Applicable \$8.75 Additional
22	#, titl	27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u></u>	Trust Fund Contribution	Added to Fees
<i>Ζ</i> φ	Country	Zip	30 Volusia	8. This corporation has liability for i	
24	25 VOLUSIA 9. Name and Address of Current	29 Registered Agent	30 VOLUSIA	Florida Statutes L. 10. Name and Address of New Reg	Yes No
NEW	n. Dixie Hwy. V Smyrna Beach Fl 32168		83 84 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
office or r agent. La SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga Spective type for printed name of registered agen	of Florida. Such change was ilions of, Section 607.0505, F n: and title if applicable (NO	authorized by the corporal iorida Statutes. 1E Regissered Agent signature requi	tion's board of directors. I hereby acceptive when relastating)	of the appointment as registered
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	FISHER, RONALD I., SR.	occir	1.2 NAME		Carlo Orango Landrico
STREET ADORESS	318 N. DIXIE HWY.		1.3 STREET ADDRESS		
City-St Zil	NEW SMYRNA BEACH FL		1.4 CITY - ST - ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		Change Addition
NAME	FISHER, KATHLEEN A.		2.2 NAME		
STREET ADORESS	318 N. DIXIE HWY NEW SMYRNA BEACH FL		2.3 STREET ADDRESS		
00 y - \$1 - 20° 1 () £	D	☐ DELETE	2. 4 City+St-ZiP 3.1 Title	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	FISHER, KATHLEEN A.	 ,	3 2 NAME		
STREET ADDRESS	A 4 A A 1 ADAP 1 BAAL		3.3 STREET ADDRESS		
CHY-S1 ZiC	NEW SMYRNA BEACH FL		3 4. CITY - ST - ZIP		
BILE		☐ DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STRUET ADDRESS			4.3 STREET ADDRESS		
COY SI-70 TIME		DELETE	44 CITY-ST-ZIP 51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY 51-719			5.4 CITY-ST-ZIP		
Triu!		☐ DELETE	6.1 TITLE		Change Addition
NAM			6.2 NAME		
STREET ADDRESS	İ		6.3 STREET ADDRESS		

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.

6.4 CITY - ST - ZIP

ATURE: / CONALD TESTED OF TRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/2/97 90/427-4490

FILED

Apr 08 1997 8:00am

Secretary of State