

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G39964 (3)
1. Corporation Name:
VINCENT J. WARGER SECURITY CONSULTANTS, INC.

Principal Office Address: **6320 S.W. 150TH STREET
MIAMI FL 33176**
Mailing Address: **6820 S.W. 150TH STREET
MIAMI FL 33176**

(Do Not Write In This Space)

2. Date of Incorporation (a) Domestic: 05/23/1983		3a. Date of Last Report: 04/21/1994	
21. State of Incorporation: FL		4. Filing Number: 59-2308504	
22. State of Principal Office: FL		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
23. State of Mailing Address: FL		6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees	
24. City: MIAMI		8. This corporation has liability for intangible tax under S. 194.032, Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent: WARGER, VINCENT J. 8820 S.W. 150TH STREET MIAMI FL 33176		10. Name and Address of New Registered Agent:	
		81. Name:	
		82. Street Address (P.O. Box Number is Not Acceptable):	
		83. City:	
		84. State:	FL
		85. Zip Code:	

11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Director)
Name: _____ (Print Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: P WARGER, JOAN Q.	2. NAME: _____	1. NAME: _____	☐ Change ☐ Addition
3. STREET ADDRESS: 8820 SW 150TH ST	4. STREET ADDRESS: _____	2. NAME: _____	☐ Change ☐ Addition
5. CITY, ST, ZIP: MIAMI, FL 00000	6. CITY, ST, ZIP: _____	3. NAME: _____	☐ Change ☐ Addition
7. NAME: C WARGER, VINCENT J.	8. NAME: _____	4. NAME: _____	☐ Change ☐ Addition
9. STREET ADDRESS: 8820 SW 150TH ST	10. STREET ADDRESS: _____	5. NAME: _____	☐ Change ☐ Addition
11. CITY, ST, ZIP: MIAMI, FL 00000	12. CITY, ST, ZIP: _____	6. NAME: _____	☐ Change ☐ Addition
13. NAME: _____	14. NAME: _____	7. NAME: _____	☐ Change ☐ Addition
15. STREET ADDRESS: _____	16. STREET ADDRESS: _____	8. NAME: _____	☐ Change ☐ Addition
17. CITY, ST, ZIP: _____	18. CITY, ST, ZIP: _____	9. NAME: _____	☐ Change ☐ Addition
19. NAME: _____	20. NAME: _____	10. NAME: _____	☐ Change ☐ Addition
21. STREET ADDRESS: _____	22. STREET ADDRESS: _____	11. NAME: _____	☐ Change ☐ Addition
23. CITY, ST, ZIP: _____	24. CITY, ST, ZIP: _____	12. NAME: _____	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 191.02(6)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on or after the date of filing of this report or supplemental annual report. I am familiar with and accept the obligations of Section 191.02(6)(b), Florida Statutes, and that my name appears in Block 12 of this filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this filing as required by Chapter 607, Florida Statutes.

SIGNATURE: *Joan Q. Warger*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
JOAN Q. WARGER
5/1/95 (305) 233-1115
0182904 CP