

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 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 # **G87442** (1)
1. Corporation Name
BIF SECURITY SERVICES, INC.

Principal Place of Business Mailing Address
1340 CLEARMONT ST. N.E. #301
P.O. BOX 060238
PALM BAY FL 32906-7238



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1984		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2356468		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 7475 Babcock Street Suite, Apt. #, etc. 22 City & State 23 Valkaria, FL Zip Country 24 32909 25 U.S.A.	2a. Mailing Address 26 7475 Babcock Street Suite, Apt. #, etc. 27 City & State 28 Valkaria, FL Zip Country 29 32909 30 U.S.A.
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9. Name and Address of Current Registered Agent

WATKINSON, WILLIAM H.
1340 CLEARMONT ST., N.E. #301
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name **Kathleen Watkinson**
82 Street Address (P.O. Box Number is Not Acceptable)
7475 Babcock Street
83
84 City **Valkaria** **FL** 85 Zip Code **32909**

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 **Kathleen Watkinson P/T**
Signature, typed or printed name of registered agent and title if applicable

Kathleen Watkinson
(NOTE: Registered Agent signature required when reinstating)

September 16, 1997
DATE

12. OFFICERS AND DIRECTORS

TITLE	WM	<input checked="" type="checkbox"/> DELETE
NAME	WATKINSON, WILLIAM H.	
STREET ADDRESS	1340 CLEARMONT ST., NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WATKINSON, IRENE	
STREET ADDRESS	1340 CLEARMONT ST., NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATKINSON, KATHLEEN	
STREET ADDRESS	1340 CLEARMONT ST NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathleen Watkinson	
1.3 STREET ADDRESS	7475 Babcock Street	
1.4 CITY-ST-ZIP	Valkaria, FL 32909	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James L. Watkinson	
2.3 STREET ADDRESS	7475 Babcock Street	
2.4 CITY-ST-ZIP	Valkaria, FL 32909	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Kathleen Watkinson P/T** *Kathleen Watkinson* 9/16/97 407-729-9598

CR2E034 (4/97)