

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H03948**

(7)

1. Corporation Name

COASTAL SECURITY SYSTEMS, INC.



Principal Place of Business

Mailing Address

% SHELDON E. KATZ
6251-A PARK OF COMMERCE BOULEVARD
BOCA RATON FL 33487

% SHELDON E. KATZ
6251-A PARK OF COMMERCE BOULEVARD
BOCA RATON FL 33487

3. Date Incorporated or Qualified

05/17/1984

3a. Date of Last Report

04/18/1995

4. FET Number

59-2423654

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, SHELDON E.
6251-A PARK OF COMMERCE BOULEVARD
BOCA RATON 33487

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent Signature Required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
LIEBERMAN, FRED
6251-A PK OF COMMERCE BL
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DP
KATZ, SHELDON E.
6251A PK OF COMMERCE BL
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DT
ZAPPITELLI, ANTHONY N.
6251-A PK OF COMMERCE BL
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VP
MCINTOSH, RUSSELL
6251-A PARK OF COMMERCE BLVD
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S
ROTH, ELIZABETH
6251-A PARK OF COMMERCE BLVD
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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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:

COASTAL Security Systems, Inc.
By: Sheldon E. Katz, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

407 498-1830

CR2E034 (12/95)