


FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

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Apr 28 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 # 422730 (6) 1. Corporation Name A+W SECURITY COMPANY, INC.			
Principal Place of Business 8362 Pines Blvd. Suite 298 Pembroke Pines, FL 33025		Mailing Address SAME 4831 Polk St Hollywood, FL 33021	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4831 Polk St.	26 4831 Polk St	9-25-84	2-22-1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-2464346	Not Applicable
23 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Hollywood, FL	Hollywood FL.	<input type="checkbox"/>	
24 Zip	25 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33021	Broward	<input type="checkbox"/>	
29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
33021	Broward		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARCURI, ANTHONY P. 4831 Polk St. Hollywood, FL 33021		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 A.P. Arcuri (Pres) A.P. Arcuri 4-22-97 <small>Signature (ink) or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE PD ARCURI, ANTHONY P. 4831 Polk St. Hollywood, FL 33021	12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP
12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP
12.7 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	12.8 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP	13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY - ST - ZIP
12.9 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	12.10 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY - ST - ZIP	13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 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 included 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, as an attachment with an address.		200002158592 -04/29/97--01076--037 ***165.00	
SIGNATURE: A.P. Arcuri (Pres)		4-22-97 (954) 965-2255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)