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Feb 21 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 # H32225

(5)

1. Corporation Name
ASSURED SECURITY COMPANY



Principal Place of Business

200 E LAS OLAS BLVD #1400
FT. LAUDERDALE FL 33301

Mailing Address

200 E LAS OLAS BLVD #1400
FT. LAUDERDALE FL 33301-3240

3. Date Incorporated or Qualified 12/03/1984
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 450 E. Las Olas Blvd.

2a. Mailing Address

26 450 E. Las Olas Blvd.

4. FEI Number

59-2484224

Applied For

Not Applicable

22 Suite, Apt. #, etc.
Ste. 1200

27 Suite, Apt. #, etc.
Ste. 1200

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33301

Country

25 USA

Zip

29 33301

Country

30 USA

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE
NAME HUDSON, HARRIS W
STREET ADDRESS 200 E LAS OLAS BLVD #1400
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE P ☐ DELETE
NAME BRAUSER, MICHAEL
STREET ADDRESS 200 E LAS OLAS BLVD #1400
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE S ☐ DELETE
NAME HANDLEY, RICHARD L
STREET ADDRESS 200 E LAS OLAS BLVD #1400
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE AS ☐ DELETE
NAME CLEMENTS, THOMAS A
STREET ADDRESS 200 E LAS OLAS BLVD #1400
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE T ☐ DELETE
NAME PEDDY, COURTLAND
STREET ADDRESS 200 E LAS OLAS BLVD #1400
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE AT ☐ DELETE
NAME CARPENTER, MICHAEL
STREET ADDRESS 200 E LAS OLAS BLVD #1400
CITY-ST-ZIP FT. LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

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 (changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone #

CR2E034 (9/96)

2/14/97 954-713-500