

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 27 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 # H37429 (8)

1. Corporation Name
HARBOUR ISLAND SECURITY, INC.



Principal Place of Business

424 KNIGHTS RUN AVE.
TAMPA FL 33602
US

Mailing Address

300 BENEFICIAL CENTER
PEAPACK NJ 07977
US

3. Date Incorporated or Qualified
01/03/1985

3a. Date of Last Report
04/19/1996

4. FEI Number

51-0284740

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 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIZIAH, WILLARD E.	
STREET ADDRESS	300 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	MARKS, SUZANNE P	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROAS, MATTHEW J	
STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLES D	
STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASPERSEN, FINN M.W.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TARBET, JAMES	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY-ST-ZIP	TAMPA FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	VP, TREASURER, ASSIST. SEC'
63 STREET ADDRESS	PATRICIA SHERIDAN
64 CITY-ST-ZIP	200 BENEFICIAL CENTER
	PEAPACK, NJ 07977

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. BROAS
PRESIDENT

3/18/97

(908) 781-3381

CR2E034 (9/96)