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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H76585

(9)

CENTURIAN SECURITY SYSTEMS, INC.

FILED									
Jan 23 1997 8:00am									
Secretary of State									

Principal Place of Business Mairing Address 208 US HWY ONE P. O. BOX 3051										
STE. 3 TEOUESTA FL 33469 US			TEQUESTA FL 33469-0051							
			US			3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1985 02/09/1996				
2. Principal	Place of Business	2a.	2a. Mailing Address			4. FEI Number		A	oplied For	
21			26			59-2617893			lot Applicable	
Suite, Apt	t. #, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional Required	
22 City & Ste	ate		City & State			6. Election Campaign Financing			May Be	
23			28			Trust Fund Contribution			I to Fees	
Ζφ	Country		Zip	Cou	intry	/	8. This corporation has liability for	intangible	tax under	5. 199.032,
24	25	29		30				☐ Yes [
	9. Name and Address of Curr	ent Regis	tered Agent		L	·	10. Name and Address of New R	glatered	Agent	
	OLET,ROGER				81	Name				Į.
	2 NORTH CYPRESS DRIVE				82	Street Ac	idress (P.O. Box Number is Not Accepta	ble)		
	QUESTA FL 33469				83	<u></u>	· · · · · · · · · · · · · · · · · · ·	,		
					-	60				0.4
					84	City		FL	85 Zip	Code
office or		ite of Florid	da. Such change was	authorize	d by	v the corpo	orporation submits this statement for the tration's board of directors. I hereby acce			
SIGNATURE	Signaturi, Typed or prefed have a of registered a	en allendad	e specimente (Mr	YE. Complete	d And	ost pippoli to to	quired when reinstating)	DATE		****
12.	OFFICERS A			13.	o Age	en arbustane re	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	VS		DELETE	1.1 7	ITLE	— Т			Change	
NAME	DROLET, ANNE O.			1.2 N	AME				-	
STREET ADORESS	602 NORTH CYPRESS DRIVI	E		1.3 \$	TREET	r address				
CITY-ST-ZIP	TEQUESTA FL			1.4 C	ITY-S	ST - 71P				
TITLE	DPT		DELETE	2.1 T	TLE				Change	Addition
NAME	DROLET, ROGER V.	_		2.2 N	AME					
STREET ADDRESS		Ę		235	TREET	T ADDRESS				
CITY - ST - ZIP	TEQUESTA FL			2 4 0	ITY-	ST-ZIP				
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NAME				32 N		-				
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TITLE			☐ DELETE	4.1 Ĭ					L.J. Change	Addition
NAME				4.21		1	•			
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TITLE			DELETE.	5.1 T		[Change	Addition
NAME				5.2 N		-				ļ
STREET ADDRESS	3			5.3 S	TREET	T ADDRESS				
CITY - ST - ZIP			T			ST-ZIP			— —	7 2 333
TITLE			☐ DELETE	6.1 T		1			☐ Change	Addition
NAME				62 N	IAME	1				1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do nereby 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 13 or Block 13 if changed, or on an attachment with an address.