

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

APPROVED
AND
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1996 MAR 29 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT: CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	J05262	(7)
1. Corporation Name CRIME BLOCKER INC.		

Principal Place of Business 241 O'BRIEN ROAD FERN PARK FL 32730	Mailing Address 241 O'BRIEN ROAD FERN PARK FL 32730
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1986		3a. Date of Last Report 01/19/1995	
21		26		4. FET Number 59-2665458		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
Zip	Country	Zip	Country				
24	25	29	30				

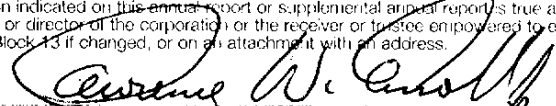
9. Name and Address of Current Registered Agent MORRISON, WILLIAM H. 7100 S HWY 17-92 FERN PARK FL 32730				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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. Thereby 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 the applicable (NOTE: Registered Agent Signature required when first time) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	P/S/C	☒ Change ☐ Addition		
NAME	CARROLL, LAWRENCE JR		1.2 NAME	LAWRENCE W. CARROLL, JR			
STREET ADDRESS	110 CAMPHOR TREE LN		1.3 STREET ADDRESS	110 CAMPHOR TREE LN			
CITY - ST - ZIP	ALTAMONTE SPRGS FL		1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714			
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	CARROLL, CECILIA		2.2 NAME				
STREET ADDRESS	110 CAMPHOR TREE LN		2.3 STREET ADDRESS				
CITY - ST - ZIP	ALTAMONTE SPRGS FL		2.4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☒ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

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:  3/26/96 (407) 839-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)