

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J11986 (3)

1. Corporation Name  
G & A SECURITY CONSULTANTS, INC.



Principal Place of Business

1033 NW 99 AVENUE  
PLANTATION FL 33322

Mailing Address

P O BOX 26173  
TAMARAC FL 33320  
US

2. Principal Place of Business

2a. Mailing Address

21 1007 N. FEDERAL HWY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 212

27

City & State

City & State

23 FT LAUDERDALE FL

28

Zip 33304

Country US

29

Zip Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1986

3a. Date of Last Report

03/08/1995

4. FEI Number

59-2680049

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

10. Name and Address of New Registered Agent

WOLFF, ARTHUR E.  
8000 NW 54 STREET  
LAUDERHILL FL 33351

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 NAME STREET ADDRESS CITY-ST-ZIP

VD  
WOLFF, ARTHUR E.  
8000 NW 54 STREET  
LAUDERHILL FL

DELETE

PD  
GORMAN, GARY J.  
1033 NW 99 AVENUE  
PLANTATION FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE 2. 1 TITLE 3. 1 TITLE 4. 1 TITLE 5. 1 TITLE 6. 1 TITLE 7. 1 TITLE 8. 1 TITLE 9. 1 TITLE 10. 1 TITLE 11. 1 TITLE 12. 1 TITLE

13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME

13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. STREET ADDRESS 18. STREET ADDRESS 19. STREET ADDRESS 20. STREET ADDRESS 21. STREET ADDRESS 22. STREET ADDRESS 23. STREET ADDRESS 24. STREET ADDRESS

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2. 1 TITLE 3. 1 TITLE 4. 1 TITLE 5. 1 TITLE 6. 1 TITLE 7. 1 TITLE 8. 1 TITLE 9. 1 TITLE 10. 1 TITLE 11. 1 TITLE 12. 1 TITLE

22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME

23. STREET ADDRESS 24. STREET ADDRESS 25. STREET ADDRESS 26. STREET ADDRESS 27. STREET ADDRESS 28. STREET ADDRESS 29. STREET ADDRESS 30. STREET ADDRESS 31. STREET ADDRESS 32. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS

24. CITY-ST-ZIP 25. CITY-ST-ZIP 26. CITY-ST-ZIP 27. CITY-ST-ZIP 28. CITY-ST-ZIP 29. CITY-ST-ZIP 30. CITY-ST-ZIP 31. CITY-ST-ZIP 32. CITY-ST-ZIP 33. CITY-ST-ZIP 34. CITY-ST-ZIP

3. 1 TITLE 4. 1 TITLE 5. 1 TITLE 6. 1 TITLE 7. 1 TITLE 8. 1 TITLE 9. 1 TITLE 10. 1 TITLE 11. 1 TITLE 12. 1 TITLE

32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME

33. STREET ADDRESS 34. STREET ADDRESS 35. STREET ADDRESS 36. STREET ADDRESS 37. STREET ADDRESS 38. STREET ADDRESS 39. STREET ADDRESS 40. STREET ADDRESS 41. STREET ADDRESS 42. STREET ADDRESS 43. STREET ADDRESS 44. STREET ADDRESS

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42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME

43. STREET ADDRESS 44. STREET ADDRESS 45. STREET ADDRESS 46. STREET ADDRESS 47. STREET ADDRESS 48. STREET ADDRESS 49. STREET ADDRESS 50. STREET ADDRESS 51. STREET ADDRESS 52. STREET ADDRESS 53. STREET ADDRESS 54. STREET ADDRESS

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5. 1 TITLE 6. 1 TITLE 7. 1 TITLE 8. 1 TITLE 9. 1 TITLE 10. 1 TITLE 11. 1 TITLE 12. 1 TITLE

52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME

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62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME

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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: ARTHUR E. WOLFF 4/22/96 954-742-8143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)