

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

FILED

May 06 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 # J33339 (9)					
1. Corporation Name REGENCY SECURITY SERVICES, INC.					
Principal Place of Business 5399 N.E. 14TH AVENUE 5 FT. LAUDERDALE FL 33334 US			Mailing Address P.O. BOX 24503 1820 SOUTH FEDERAL HWY. #450 FT. LAUDERDALE FL 33307 US		
2. Principal Place of Business 21		2a. Mailing Address 28		3. Date Incorporated or Qualified 09/16/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/17/96	
City & State 23		City & State 28		4. FEI Number 59-2739845	
Zip 24		Country 25		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	
9. Name and Address of Current Registered Agent MCCONDICHIE, DUNKLIN H. 5399 N.E. 14TH AVE., SUITE 6 FT LAUDERDALE FL 33334			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code FL		
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 resigning. DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	MCCONDICHIE, DUNKLIN H.				
STREET ADDRESS	1370 OCEAN BLVD., SOUTH				
CITY - ST - ZIP	POMPANO BCH FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :					
1.1 TITLE		☐ Change ☐ Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		☐ Change ☐ Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

SIGNATURE:

Dunklin H. McCondichie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 97 203-226-9400
Date Daytime Phone