

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

DOCUMENT # J56071 (0) 96 SEP -4 AM 9:38

1. Corporation Name

MCRBERTS PROTECTIVE AGENCY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4410 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

4410 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified
02/05/1987

3a. Date of Last Report
10/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

13-5240158

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATOS, JULIA S
4410 NORTH STATE ROAD 7
SUITE 103
LAUDERDALE LAKES FL 33319

81 Name Julia Matos

82 Street Address (P.O. Box Number is Not Acceptable)

4410 North State Rd. 7

83

84 City

Lauderdale Lakes

FL

85

Zip Code

33319

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MCRBERTS, MEREDITH

STREET ADDRESS 64 LOCUST LANE
CITY - ST - ZIP OYSTER BAY NY 11771

TITLE V ☐ DELETE

NAME CHASEN, WILLIAM D

STREET ADDRESS 13 LAKESIDE DR.
CITY - ST - ZIP MATAWAN NJ 07747

TITLE V ☐ DELETE

NAME KELLY, BRIAN T

STREET ADDRESS SCARBOROUGH MANOR #3H-2
CITY - ST - ZIP SCARBOROUGH NY 10510

TITLE TS ☐ DELETE

NAME LUTZ, MICHAEL G

STREET ADDRESS 922 GRASSMERE AVENUE
CITY - ST - ZIP WANAMASSA NJ 07712

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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****375.00 ****375.00

MWB
9-13-96

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 617, 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

Date

Daytime Phone #

8/28/96 212-425-2500