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

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J65560 NML-SECURITY SCREENING, INC.

(1)

**FILED** May 13 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address										
B2 MEIGS DR   Shaliman Fl 32679   US			P.O. BOX 1000 2 5 3 SHALIMAR FL 32579-0819 US							
00			00				3. Date Incorporated or Qualified 04/06/1987	3a. Date of Last 05/01/1996		
	Place of Business		2a. Mailing Ad	ldress			4. FEI Number	·*···	Applied For	
21			26				59-2801102   Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution		nd to Fees	
Zip	<b>Zip</b> Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30				Florida Statutes			
	····	dress of Current R	egistered Agen	it		I	10. Name and Address of New Rec	lstered Agent		
	METERITECTATIO, TANK				81	81 Name				
82 MEIGS DR SHALIMAR FL 32579				82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
OUM	ILIMMIN FL 32378				83					
					84	City		FL 85 Zi	p Code	
office or r	registered agent, or t	ooth, in the State of I	Florida. Such ch	iange was aut	horized by	vithe corpora	poration submits this statement for the principles. I hereby accep	uppen of changing	j its registered as registered	
•	ım familiar with, and a	accept the onligatio	ns of, Section of	or.coop, mone	na Statule:	\$.				
SIGNATURE	Signature, typed or printed r	name of registered agent as	nd title if applicable	(NOTE F	legistered Age	of a gnature requ	red when roinstating)	DATE		
12.	T BYS	OFFICERS AND D			18.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PTS Metler-leonal	DD NAM	L	DELETE	1.1 TITLE			Chang	e L Addition	
NAME STREET ADDRESS	82 MEIGS DR	nu, IIAN			1.2 NAME					
CITY-ST-ZIP	SHALIMAR FL				1.3 STREET				1	
TITLE				DELETE	1.4 CITY - S 2.1 THLE	1.71		Chang	e Addition	
NAME			_		2.2 NAME					
STREET ADDRESS					2.3 STREET	ADDRESS				
CITY-ST-ZIP			<u>.</u>		2.≰ Ci1Y+	\$1-2112				
TITLE				DELETE	3 1 TITLE			☐ Chang	e 🔲 Addition	
NAME	•				3 2 NAME					
STREET ADDRESS					3 3 51REE!	i				
CITY-ST-ZIP TITLE			П	DELFTE	3.4 CITY- 5 4.1 TITLE	ST - ZIP		Change	e 🔲 Addition	
NAME				OLL: IL	4.2 NAME			் பெள்ளு	, LJ Addition	
STREET ADDRESS					4.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP					4.4 CITY - S	i			ļ	
TITLE				DELETE	5 1 111LE			Chang	e Addition	
NAME					5.2 NAME					
STREET ADDRESS					59 STHEET	ADDRESS				
CITY-ST-ZIP				P/ LP L/	54 CITY - S	1 - ZIP				
TITLE			$\sqcup$	DELETE	611011			L Change	e 🔲 Addition	
NAME Street address					62 NAME	*DD2502				
CITY-ST-ZIP					63 \$1REE1					
MI1-91-515		<del></del>			64 CHY-S	1 - ZII'			1	

I do hereby 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 12 or Block 13 if changed on an attachment with an address.

904/651-3184