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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K13048

(9)

PERIMETER SECURITY, INC.

Mailing Address

FILED
Feb 07 1997 8:00am
Secretary of State



14246 SW 139TH COURT MIAMI FL 33186		14246 SW 139TH COURT MIAMI FL 33186-5515					
					3. Date Incorporated or Qualified 02/01/1988	3a. Date of La 01/22/199	
2. Principal	Place of Bus ness	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0024789		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		75 Additional e Required
City & St	ate	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Zip 24	Country 25	Zip 29	Countr 30	у		Yes No	er s. 199.032,
·····	9. Name and Address of Co	urrent Registered Agent		1	10. Name and Address of New Re	gistered Agent	
	rasso, ralph		81	Name			
14246 S.W. 139TH COURT MIAMI FL 33186					dress (P.O. Box Number is Not Acceptab	ole)	
			83				
			84	City		FL 85	Zip Code
11. Pursuar	nt to the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	ites, the above	e-named cor	poration submits this statement for the p	urpose of changi	ng its registered
office o agent. I	ir registered agent, or both, in the : Lam familiar with, and accept the c	State of Florida. Such change was obligations of, Section 607.0505, F	lautnorized t Iorida Statute	ly the corpora is:	ation's board of directors. I hereby accep	ot the appointmen	t as registered
SIGNATURE	· E						
SIGNATORE	Signature hypodior printed paths of register	ed agent and title r applicable (NO	TE: Registered Ac	ent signature requ	vired when reinstating)	DATE	
12.		S AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFIC		
TITLE	PO	☐ DELETE	1 1 TITLE	1		Chai	nge L. Addition
NAME	GRASSO, RALPH	~~	1.2 NAME	ļ			
STREET ADDRESS		RU.	13 STREE	T ADDRESS			
CITY-ST-7IP	MIAMI FL		14 C/TY-	ST-ZIP			
TITLE	VP	DELETE	2.1 TITLE			Chai	nge 🔲 Addition
NAME	GRENFELL, BILL		2.2 NAME				
STREET ADDRES			2.3 STREE	T ADDRESS	:		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	ST-ZIP	<i>1</i> 4 .		
TITLE	S MADE	DELETE	3.1 TITLE			Chai	nge Addition
NAME	SCOTT, MARIE		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-2IP	MIAMI FL	T DOLLAR	3.4. CITY-	ST-ZIP		r I a.	
TITLE	5	☐ DELETE	4.1 TITLE	İ		Chai	nge [] Addition
NAME	Grasso, RA	127	4. 2 NAM				
STREET ADDRESS	19411 200 17	TELT RD		T ADDRESS			
CITY-ST-ZIP	miam',	33140	4.4 CITY-	ST-ZIP			nge Addition
TI7LE		DELETE	5.3 TITLE		•	Char	INS ETT WORKEN
NAME			5.2 NAME				
STREET ADDRES	is			T ADDRESS			
CITY - ST - ZIP		T1 65: 555	5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TATLE			☐ Chai	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS	s		6.3 STREE	T ADDRESS			
CITY - ST - ZIP			6.4 CITY-	ST-ZIP			

14. 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 12 if changed, or on an attachment with an address.