

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

CORPORATION
ANNUAL REPORT

1995 *5-1-95*



FLORIDA DEPARTMENT OF STATE

Paralegal Division
3-5942 C
Division of CORPORATIONS

APPROVED

(Signature)

5-1-95

11:23:37

ESTATE

REGISTRATION

FLORIDA

DOCUMENT # K20697

(4)

NEW ENGLAND SECURITY SERVICES, INC.

Principal Place of Business		Mailing Address		Date Incorporation Received		Date of Last Report
% JOHN LYNCH 101 N. STATE ROAD 7 STE #9 MARGATE FL 33063		% JOHN LYNCH 101 N. STATE ROAD 7 STE #9 MARGATE FL 33063		04/05/1988		04/29/1994
2. Primary Place of Business		2a. Mailing Address		4. File Number		5. Date Incorporation Received
21	26	27	28	65-0068893	Applied For Not Applicable	04/05/1988
Code Apt. # etc		Suite Apt. # etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	28	29	30		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	29	30			
24	25	26	27	30	7. Florida Corporate Registration for an Agent by Chapter 607, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
LYNCH, JOHN 2160 NW 94TH WAY SUNRISE FL 33322				81	Name	
				82	Street Address (P.O. Box Number if Not Applicable)	
				83		
				84	City	Zip Code
FL 85						

11. Pursuant to the provisions of Sections 607.0903 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0903, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN	2. NAME	
STREET ADDRESS	2160 NW 94TH WAY	3. STREET ADDRESS	
CITY, ST, ZIP	SUNRISE FL	4. CITY, ST, ZIP	
TITLE	VT	5. TITLE	
NAME	HURLEY, GERARD	6. NAME	
STREET ADDRESS	11221 SW 1ST ST	7. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the law (110.07(4)(b), Florida Statutes). Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on the attachment with an address.

SIGNATURE: *John F. Lynch, Pres.* *5-29-95* *975-6377*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR