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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business	Mailing Address
es santa rosa drive Winter Haven FL 33884 JS	263 SANTA ROSE DRIVE Winter Haven Fl 33884-3803 US
Principal Place of Business	2a. Mailing Address

FILED Jan 21 1997 8:00am Secretary of State

	MENT # K58440 NUSTERS SECURITY SYSTE			**************************************			
Principal Place of Business 263 SANTA ROSA DRIVE WINTER HAVEN FL 33864		Mailing Address 263 SANTA ROSE DRIVE WINTER HAVEN FL 33884-3803			I LUDIONI ERE EKIDI IRIH DIRH DIDIT BALI DIRH BIDIK		
US		us	1		3. Date Incorporated or Qualified 01/13/1989	3a. Date of Last Re 02/08/1996	eport
	ace of Business	2a. Mailing Address			4. FEI Number	 	plied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			59-2938774	, 60.7E	t Applicable
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stall	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	28 Zip	Countr	<u></u>	This corporation has liability for		
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Re	egistered Agent	
	iante, andrew M. Santa Rosa dr.				70.0	L. L. N.	
WINTER HAVEN FL 33884			82	Street Add	dress (P.O. Box Number is Not Acceptal	DIEJ	
1			83	3			
			84	City		FL 85 Zip C	ode
11. Pursuarit office or r agent Ta	to the provisions of Sections 607.056 egistered agent or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida, Such change was ations of, Section 607.0505, F	utes, the above authorized be- lorida Statute	ve-named co by the corpor es.	orporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its pt the appointment as	s registered registered
SIGNATURE	Signature, typica or printed name of regulerical ag	en sodittle Lapplicable (NC	OTI: Registered As	gent signature req	quired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DOLOANITE ANDDESA M	DELETE	1.1 TITLE	1		Change	Addition
NAME STREET ADORESS	BRIGANTE, ANDREW M. 263 SANTA ROSA DR.		1.2 NAME	T ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-				
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition
NAME	BRIGANTE, MAUREEN A.		2.2 NAME				Ì
STREET ADDRESS	263 SANTA ROSA DR. WINTER HAVEN FL			ET ADDRESS			
CITY+ST+ZIP TITLE	THINGER INTERNET	DELETE	2 4 CITY 3 1 TITLE			☐ Change	Addition
NAME			32 NAME			•	
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY - ST - ZIP		DELETE	3 4. CITY			Change	Addition
TITLE NAME		□ DECEIE	4 1 TITLE 4. 2 NAMI	- 1		Change	☐ Wallion
STREET ADDRESS			1	ET ADDRESS			
CITY - S1 - ZIP			4.4 CITY -				
TOTALE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY~S1 · Z:P TITLE		DELETE	5.4 CITY - 6.1 TITLE			☐ Change	Addition
NAME		La Section	6.2 NAME				
STREET ADDRESS				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 13 if changed, or on an attachment with an address.