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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: /

(U)

DOCUM L. Corporation N		3 (0)						
,	ECURITY CORP.							
Principal Place of	Rusiness	Maiing Address				330 401 6490	BILLI DIRIT DIRI	1 01611 11011 1001
8300 N.W. 103RD STREET P.O. BOX 2577								
HIALEAH GAF	RDENS FL 33016	HIALEAH FL 33012						
US		US			3. Date incorporated or Qualified	3a . Da	te of Last Re 05/01/19	
	CPS 1	2a. Mailing Address			03/24/1989 4. FE! Number			Applied For
Principal Place of Business		26			03 017 0000			lot Applicable
Suite, Apt. #.	elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		¥ +	Additional Required
Crty & State	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		\$5.00	May Be
0.17 & 0.10.12		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for Florida Statutes	intangible s ∏No	tax under s	199.032,
	[25]	29	30		10. Name and Address of New Registered Agent			
	9. Name and Address of Current	negistered Agent	81	Name	10.			
MANAGE BA			82	6. 14.11	ress (P.O. Box Number is Not Accepta	hle)		
MAXWE	ll, K.G. Stward drive		02	Street Addr	less (F.O. Box Hamber 15 1150 1550pt			
	SPRINGS FL 33166		83					
MICONI C) (84	City	the state of the s		85 Zij	p Code
				i -	ration submits this statement for the pure	F		naiotorad offic
GNATURE	grature is paid or printed latine, of response stages I OFFICERS AND	DIRECTORS	ΠΕ A. jebred Agr 13.	at symptone require	al when renetatings ADDITIONS/CHANGES TO OF	DATE FICERS A		
ITLE	P	☐ DELETE	1.2 NAME				Change	Addition
AME	dunn, Lowell S.							
TREET ADDRESS	8300 NW 103 ST		13 STRE	FADDRESS				
UTLE	HIALEAH GARDENS FL ST	□ DELETE	2 1 107.6				☐ Change	Addition
AME	DUNN, BETTY L.		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	8300 NW 103 ST							
DITY - ST - ZIP	HIALEAH GARDENS FL			ST Z-P			Change	Addition
ITLE							[_] Gliange	
IAME			3.2 NAME	ET ADDRESS				
STREET ADDRESS			3.4 C/TY					
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TITLE		☐ DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS		~~~~~	. a ->r		
NAME					9000018 -05/13/9603	เก็บไ	233 1029	
STREET ADDRESS			5.4 CITY ST-2IP		***200.00			
CITY - ST - ZIP TITLE		DELETE	6 1 Tift.				Change	Addition
NAME			6.2 NAM	£				
STREET ADDRESS			6.3 S1P6	F: ADDRESS				
CITY-ST-ZIP			6.4 C/TY	ST ZIP	Jos the everyntian stated in Castion 1	10 07/3VL)	Florida Stati	utes further
certify that	y certify that the information supplied the information indicated on this and I am an officer or director of the corp Block 12 or Block 13 if changed, or	iual report or supplemental at Aratiae or the receiver or trus	iquacreportis tee empowere	es not quality true and accu d to execute t	, for the exemption stated in Section 1 trate and that my signature shall have t this report as required by Chapter 607,	he same k Florida St	egal effect as atutes, and t	if made unde hat my name