SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 12:12

DOCUMENT # **K99045** **(2)**

1. Corporation Name
RAYMOND INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
C/O P. MICHAEL MANNING, JR. 534 N.E. 2ND ST. DELRAY BEACH FL 33483-5414	C/O P. MICHAEL MANNING, JR. 534 N.E. 2ND ST. DELRAY BEACH FL 33483-5414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/28/1989**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **65-0128212** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAYMOND, JEAN E.
534 NE 2ND STREET
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	RAYMOND, JEAN E.	12 NAME		
STREET ADDRESS	164 REIGLE AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	GIGELLE, RAYMOND	22 NAME		
STREET ADDRESS	164 REIGLE AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 6/15/95 407 2780337
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0000300 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K99300 (1)

1. Corporation Name
THE AUTO SECURITY PEOPLE, INC.

Principal Place of Business
C/O ~~GERMAN L ROMERO~~ DONALD E. MYERS
1240 S MILITARY TRL
WEST PALM BEACH FL 33415

Mailing Address
C/O ~~GERMAN L ROMERO~~ DONALD E. MYERS
1240 S MILITARY TRL
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21 2400 S. Dixie Hwy
Suite, Apt #, etc.
22
City & State
23 W.P.B. FL
Zip
24 33401
County
25 PALM BEACH

2a. Mailing Address
26 1964 St. Andrews RD.
Suite, Apt #, etc.
27
City & State
28 LAKE WORTH FL
Zip
29 33467
County
30 PALM BEACH

4. FEI Number: 65-0133207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMERO, GERMAN L.
1240 S MILITARY TRL
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: DONALD E. MYERS
82 Street Address (P.O. Box Number is Not Acceptable): 1964 ST. ANDREWS ROAD
83
84 City: LAKE WORTH FL 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald E. Myers DONALD E. MYERS PRESIDENT 6/15/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	PVTSD ☒ Change ☐ Addition
NAME	MYERS, DONALD E.	1.2 NAME	
STREET ADDRESS	7964 SAINT ANDREWS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	☒ Change ☐ Addition
NAME	ROMERO, GERMAN L.	2.2 NAME	No Longer with Corporation.
STREET ADDRESS	18831 NW 12 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Donald E. Myers 6/15/95 407-835-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0252674 CP