

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # L34119

(2)

1. Corporation Name

SECURITY FEDERAL INC.

95 APR 19 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4105 DOW RD
STE 11
MELBOURNE FL 32905
US

Mailing Address

%CATHERINE L HAGA
13005 CORONADO DR
MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2982658

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATHERINE, HAGA
106 SATURN COURT
INDIALANTIC FL 32903

81 Name

CATHERINE HAGA

82 Street Address (P.O. Box Number is Not Acceptable)

13005 CORONADO DRIVE

83

84 City MIAMI

FL

85 Zip Code 33181

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, of 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 a registered agent under Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ARTOUNIAN, ART V
STREET ADDRESS	106 SATURN COURT
CITY - ST - ZIP	INDIALANTIC FL
TITLE	DP
NAME	ARTOUNIAN, ART V
STREET ADDRESS	13005 CORONADO DRIVE
CITY - ST - ZIP	MIAMI FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	ARTOUNIAN, ART V.	
1.3 STREET ADDRESS	13005 CORONADO DR	
1.4 CITY - ST - ZIP	MIAMI FL. 33181	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 liquidator thereof; 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ART ARICUNIAN

4.10.95

(305) 899-0408