

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L36120 (8)

1. Corporation Name
CAREFREE SECURITY, INC.



Principal Place of Business 2400 N. FORSYTH RD. #200 ORLANDO FL 32807	Mailing Address 2400 N. FORSYTH RD. #200 ORLANDO FL 32807-0443
---	--

2. Principal Place of Business 21 Carefree Security, Inc.	2a. Mailing Address 26 Carefree Security, Inc.	3. Date Incorporated or Qualified 12/11/1989	3a. Date of Last Report 02/05/1996
Suite, Apt. #, etc. 4316 Carrollwood Village Dr.	Suite, Apt. #, etc. P.O. Box 274131	4. FEI Number 59-2982132	Applied For <input type="checkbox"/> Not Applicable
City & State Tampa, Florida	City & State Tampa, Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 33624-4657	Country USA	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent PHILLIP, GEORGE W. 8001 N DALE MABRY HWY SUITE 401A TAMPA FL 33614	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PHILLIPS, GEORGE W.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILLIPS, GEORGE W.		1.2 NAME	
STREET ADDRESS 8001 N DALE MABRY HWY		1.3 STREET ADDRESS	
CITY - ST - ZIP TAMPA FL		1.4 CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE GRIES, WALTER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIES, WALTER		2.2 NAME	
STREET ADDRESS 2400 N. FORSYTH RD., STE 200		2.3 STREET ADDRESS	
CITY - ST - ZIP ORLANDO FL		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Walter Gries* **Walter Gries** January 10, 97 (813) 969-3569
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)