

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

APPROVED
AND
FILED

95 APR 14 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L43740 (4)

1. Corporation Name

GRAND CENTRAL ENGINEERING & SECURITY, INC.

Principal Place of Business

C/O CONSTABLE AGRESTA
2416 N.W. 31ST STREET
BOCA RATON FL 33431

Mailing Address

C/O CONSTABLE AGRESTA
2416 N.W. 31ST STREET
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/12/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0167941

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

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

2. Principal Place of Business

21 1120 HOLLAND DRIVE

Suite, Apt. #, etc.

22 SUITE 11

City & State

23 BOCA RATON FL

Zip

24 33431

Country

25 U.S.A.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

AGRESTA, CONSTABLE
2416 N.W. 31ST STREET
BOCA RATON FL 33431

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
or registered
familiar with

of Sec.
with

and 607
Such

38, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent and title of appointment

(NOTE: Functional Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGRESTA, CONSTABLE
STREET ADDRESS	2416 N.W. 31ST STREET
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONSTABLE AGRESTA President

04-11-95 407 994-0881