

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 11 1996 8:00 am  
Secretary of State

DOCUMENT # L48941 (3)

1. Corporation Name

GULF ATLANTIC LOSS PREVENTION, INC.

Principal Place of Business

1100 PARK CENTRAL BLVD  
SUITE 1700  
POMPANO BEACH FL 33064  
US

Mailing Address

1100 PARK CENTRAL BLVD SO  
STE 1700  
POMPANO BCH. FL 33064-2255  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0180922

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

10. Name and Address of New Registered Agent

SANZ, DAVID R.  
1100 PARK CENTRAL BLVD SOUTH SUITE 1700  
POMPANO BEACH FL 33064

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

Signature typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE NAME ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE NAME ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE NAME ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE NAME ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE NAME ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 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:

David R. Sanz

3/4/96

954-489-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)