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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L52683**

1. Corporation Name

FEDERAL MONITORING SERVICES

Principal Place of Business

Mailing Address

Box 810621

Boca Raton, FL 33481-0621

SAME

100001840981
-05/28/96--01037--002
***233.75

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

Karen Keenan

~~2200 N. Federal Hwy. #22~~

~~Boca Raton, FL 33431~~

2871 N. Ocean Blvd. #D516

Boca Raton, FL 33431

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 607.0503, Florida Statutes.

SIGNATURE

Karen M. Keenan

(Date) Registered Agent's signature required when resigning

5/14/96

12. OFFICERS AND DIRECTORS

TITLE PRES
NAME DENNIS J. ESTES
STREET ADDRESS 7421 ROSEWOOD CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VP
NAME DONALD ESTES
STREET ADDRESS 7267 San Sebastian Drive
CITY-ST-ZIP Boca Raton, FL 33433

TITLE SEC
NAME JAMES J. KEENAN
STREET ADDRESS 2871 N. Ocean Blvd. #D516
CITY-ST-ZIP Boca Raton, FL 33431

TITLE VP
NAME EUGENE A. GRAVES
STREET ADDRESS 107 Yorktown Court
CITY-ST-ZIP Medford, NJ 08055

TITLE VP
NAME CHRIS SCOTT
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

Dennis Estes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96

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CR2E034 (12/95)