SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 26 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L59766** **(0)**

1. Corporation Name
TERMARK SECURITY SYSTEMS, INC.

100001548431
-07/28/95--01024--001
DO NOT WRITE IN THIS SPACE ****280.25 ****286.25

Principal Place of Business	Mailing Address
% TERRY L MRAKOVICH P O BOX 63-4414 MARGATE FL 33063	% TERRY L MRAKOVICH P O BOX 63-4414 MARGATE FL 33063

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 P. O. Box 93-4414
Suite, Apt. #, etc. 22
City & State 23 Margate, Florida
Zip 24 33093 Country 25 Broward

2a. Mailing Address
26 P.O. Box 93-4414
Suite, Apt. #, etc. 27
City & State 28 Margate, Florida
Zip 29 33093 Country 30 Broward

4. FEI Number: 65-0182774 ☐ 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

LESKAR, DAVID W., ESQUIRE
409 SOUTHEAST 7TH STREET
FT. LAUDERDALE FL 33301

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 _____ DATE
Signature required for changed/added registered agent and title, if applicable. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☒ Change	☐ Addition
NAME	MRAKOVICH, TERRY L.	12 NAME		
STREET ADDRESS	P. O. BOX 63-4414 N/A	13 STREET ADDRESS	1919 Central Ave.	
CITY ST ZIP	MARGATE FL	14 CITY ST ZIP	Cheyenne, WY 82001	
TITLE	STD	21 TITLE	☒ Change	☐ Addition
NAME	MRAKOVICH, BETTY L.	22 NAME		
STREET ADDRESS	P. O. BOX 63-4414 N/A	23 STREET ADDRESS	1919 Central Ave.	
CITY ST ZIP	MARGATE FL	24 CITY ST ZIP	Cheyenne, WY 82001	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	T.S. 7/26/95	
CITY ST ZIP		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)(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: Terry L Mrakovich 7-17-95 800-345-4993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0140051 FP