

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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L83505** (2)
1. Corporation Name
M R SECURITY, INC.



Principal Place of Business 1817 GREENWOOD DR 1920 PEPPERTREE DR. OLDSMAR FL 34677 US	Mailing Address 1817 GREENWOOD DR 1920 PEPPERTREE DR. OLDSMAR FL 34677-2636 US
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2. Principal Place of Business 21 1817 GREENWOOD DR Suite, Apt. #, etc.		2a. Mailing Address 26 1817 GREENWOOD DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/25/1990	3a. Date of Last Report 03/28/1996
22 City & State 23 OLDSMAR, FL		27 City & State 28 OLDSMAR, FL		4. FEI Number 59-3019004	Applied For Not Applicable
24 Zip 34677		25 Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 34677		27 Country PINELLAS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 34677		29 Country PINELLAS		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MICHAEL, MARK J. 1920 PEPPERTREE DR. OLDSMAR FL 34677		10. Name and Address of New Registered Agent 81 Name MARK J. MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 1817 GREENWOOD DR. 83 84 City OLDSMAR FL 85 Zip Code 34677	
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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 *Mark J. Michael* **MARK J. MICHAEL** DATE **4/11/97**
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, MARK J. 1920 PEPPERTREE DR. OLDSMAR FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1817 GREENWOOD DR. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, RICHARD N. 4245 WOODFIELD AVE HOLIDAY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address.

SIGNATURE: *Mark J. Michael* **MARK J. MICHAEL** DATE **4/11/97** PHONE **813-855-6637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)