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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L83943 (5)

1. Corporation Name

G.L. HEFFNER SECURITY CONSULTANTS, INC.

Principal Place of Business

6555 NW 36 ST
SUITE 118
MIAMI FL 33166
US

Mailing Address

6555 NW 36 ST
#118
MIAMI FL 33166-6903
US

2. Principal Place of Business

21 6595 N.W. 36 ST.

Suite, Apt. #, etc.

22 SUITE 112

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 6595 N.W. 36 ST.

Suite, Apt. #, etc.

27 SUITE #112

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

GONAZALEZ, RICHARD
420 LINCOLN ROAD
SUITE 335
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

06/27/1990

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0199251

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

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HEFFNER, GARY L.
STREET ADDRESS 4530 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE STD ☐ DELETE

NAME HEFFNER, CONNIE
STREET ADDRESS 4530 NAUTILUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 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

GARY L. HEFFNER 04/24/96

CR2E034 (9/96)