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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L84608** **(3)**

1. Corporation Name
HANLON SECURITY CORPORATION

Principal Place of Business	Mailing Address
5098 NW 37TH AVE STE E TAMARAC FL 33309 US	5098 NW 37TH AVE STE E TAMARAC FL 33309-3325 US

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 1150 S. NORTH LAKE DR.	26 1150 S. NORTH LAKE DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FL	28 City & State: HOLLYWOOD, FL
24 Zip: 33019 25 Country: USA	29 Zip: 33019 30 Country: USA

4. FEI Number: 65-0204552 ☐ 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
HANLON, CHARLES 5098 NW 37TH AVE STE E TAMARAC FL 33309 SAME AGENT NEW ADDRESS	81 Name: CHARLES A. HANLON 82 Street Address (P.O. Box Number is Not Acceptable): 1150 S. NORTH LAKE DR. 83 84 City: HOLLYWOOD FL 85 Zip Code: 33019

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] CHARLES A. HANLON 4/22/97
Signature, typed or printed name of registered agent and title 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 / STREET ADDRESS / CITY-ST-ZIP	D HANLON, CHARLES 743 NE 17 CT. FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D HANLON, CHARLES ANTHONY 1150 S. NORTH LAKE DR. HOLLYWOOD, FL 33019	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER/VICE PRES. HANLON, TIMOTHY PATRICK 804 N.E. [redacted] 16 COURT FT. LAUDERDALE, FL 33305	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V OFFICER/VICE PRES HANLON, TIMOTHY PATRICK 804 N.E. 16 COURT FT. LAUDERDALE, FL 33305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: [signature] CHARLES A. HANLON 4/22/97 954-927-9224