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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

MAILED
FILED
95 MAY -1 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L86668 (5)

1. Corporate Name
PRO-SECURITY OF THE PALM BEACHES, INC.

Principal Place of Business
6710 INLAND COURT
JUPITER FL 33458

Mailing Address
6710 INLAND COURT
JUPITER FL 33458

PLEASE WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1990
3a. Date Last Report: 05/01/1994

2. Previous Corporate Name
21

Street Address
22

City, State, Zip
23

24 25

2a. Mailing Address
26

Suite, Apt. # or P.O. Box
27

City, State, Zip
28

29 30

4. FEI Number: 65-0206569
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. Does this corporation conform to the requirements of Section 607.0501 Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

NIELSEN, JOHN
6710 INLAND COURT
JUPITER FL 33458

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 Section 607.0501, 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 and the undersigned being the President or Vice President and the Secretary or Assistant Secretary of the corporation named above, hereby accept the appointment as registered agent and agree to act in this capacity.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NIELSEN, JOHN
STREET ADDRESS	6710 INLAND COURT
CITY, ST, ZIP	JUPITER FL
TITLE	STD
NAME	NIELSEN, JULIE L.
STREET ADDRESS	6710 INLAND COURT
CITY, ST, ZIP	JUPITER FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] Change [ ] Add/Del
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Add/Del
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Add/Del
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Add/Del
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Add/Del
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [ ] Change [ ] Add/Del
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as the affirmation required by Section 607.0193(2), Florida Statutes. Further, I certify that the corporation has complied with the provisions of Section 607.0193(1), Florida Statutes, regarding registered agent and registered office addresses.

SIGNATURE: Julie L. Nielsen Sec / Treas 4/28/95 (407) 747-4749
SIGNATURE AND TYPED OR PRINTED NAME OF MAJORITY OFFICER OR DIRECTOR
Julie L. Nielsen

0269301 CP