

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M36992**

(9)

1. Corporation Name

SECURITY AIRLINE SALES, INC.



Principal Place of Business

Mailing Address

**C/O REX B. GUTHRIE
200 S. BISCAYNE BLVD., SUITE 4950
MIAMI FL 33131**

**C/O REX B. GUTHRIE
200 S. BISCAYNE BLVD., SUITE 4950
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**GUTHRIE, REX B.
200 S. BISCAYNE BLVD.
4950 SE FINANCIAL CENTER
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/19/1986

3a. Date of Last Report

04/21/1995

4. FET Number

59-2713559

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 607.0505 and 607.1503, 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, thereby, accept the appointment of registered agent, I am, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	LUCEY, JOHN R.	
STREET ADDRESS	670 ORIOLE AVE.	
CITY-STATE-ZIP	MIAMI SPRINGS FL	
TITLE	TS	[] DELETE
NAME	LUCEY, MARY T.	
STREET ADDRESS	670 ORIOLE AV.	
CITY-STATE-ZIP	MIAMI SPRINGS FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 Book 12 or Book 13 if changed from an official entity to an address.

SIGNATURE: **JOHN R. LUCEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Lucey

4/5/96 884-2443

CR2E034 (12/95)