

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M80997** (3)  
1. Corporation Name  
**SOUTH DADE SECURITY, INC.**



Principal Place of Business <b>C/O MICHAEL HARDY 12041 S.W. 123RD TERRACE MIAMI FL 33186-0807</b>	Mailing Address <b>C/O MICHAEL HARDY 12041 S.W. 123RD TERRACE MIAMI FL 33186-5120</b>
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3. Date Incorporated or Qualified <b>05/13/1988</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>65-0050473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>HARDY, MICHAEL 12041 S.W. 123RD TERRACE MIAMI FL 33186-0807</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	12041 SW 123RD TERR.	1.2 NAME	
CITY - ST - ZIP	MIAMI FL	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	12041 SW 123RD TERR.	2.1 TITLE	
CITY - ST - ZIP	MIAMI FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  **Brenda Hardy** 4/1/97 (305) 232-3669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)