

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02903 (5)

1. Corporation Name

LAKES IN REGENCY PARK SECURITY PATROL, INC.

Principal Place of Business

8330 CIVIC DRIVE
PORT RICHEY FL 34668

Mailing Address

8330 CIVIC DRIVE
PORT RICHEY FL 34668-44033. Date Incorporated or Qualified
05/07/19843a. Date of Last Report
04/25/1996

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

4. FEI Number
59-2241302Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

MARKS, MARTIN
8330 CIVIC DRIVE
PORT RICHEY FL 34668

81 Name

LESTER BLOOM

82 Street Address (P.O. Box Number is Not Acceptable)

8330 CIVIC DRIVE

83

84 City

PORT RICHEY

FL

85 Zip Code

34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

X *Martin Marks*

LESTER BLOOM PRESIDENT

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MARKS, MARTIN	DO NOT
STREET ADDRESS	9028 DERBY LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	DELETE
NAME	MATHIS, ALVIN	
STREET ADDRESS	8841 CROFTON LN	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	VD	DELETE
NAME	NUZZI, LOUIS	
STREET ADDRESS	8630 PAXTON DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	DELETE
NAME	LIVOTE, BEA	
STREET ADDRESS	9100 DRESDEN LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SD	DELETE
NAME	WUERTH, FRED	
STREET ADDRESS	9241 WOLCOTT LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	DELETE
NAME	GALLAGHER, JAMES F.	
STREET ADDRESS	8606 PAXTON DR.	
CITY-ST-ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	LESTER BLOOM		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	PORT RICHEY FL		
2.1 TITLE	VP	Change	Addition
2.2 NAME	BENNETT, RAYMOND		
2.3 STREET ADDRESS	8420 WESTFIELD DR		
2.4 CITY-ST-ZIP	PORT RICHEY		
3.1 TITLE	VP	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Martin Marks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066388

CR2E037 (9/96)