


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N11244 (3)</b> 1. Corporation Name <b>HOLIDAY LAKE ESTATES SECURITY PATROL, INC.</b>			
Principal Place of Business <b>1242 NORMANDY BLVD. HOLIDAY FL 34691-5180 US</b>		Mailing Address <b>3524 HARVARD DR. HOLIDAY FL 34691-4829 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Country <b>25</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>SIMSON, BERNICE 1345 DARTMOUTH DR. HOLIDAY FL 34691</b>			
10. Name and Address of New Registered Agent <b>81 Name THOMAS Sullivan 82 Street Address (P.O. Box Number is Not Acceptable) 3035 Merita Dr. 83 Holiday FL. 34691 84 City FL 85 Zip Code</b>			
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 <i>Thomas Sullivan</i> 3/5/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 TITLE P 1.2 NAME SIMSON, ALFRED 1.3 STREET ADDRESS 1345 DARTMOUTH DR. 1.4 CITY - ST - ZIP HOLIDAY FL 1.5 TITLE S 1.6 NAME WEST, MILDRED 1.7 STREET ADDRESS 1242 NORMANDY BLVD. 1.8 CITY - ST - ZIP HOLIDAY FL 34691-5180 1.9 TITLE T 2.0 NAME STEWART, JIM 2.1 STREET ADDRESS 1230 VIKING 2.2 CITY - ST - ZIP HOLIDAY FL 34691 2.3 TITLE HUNTER, GARY 2.4 NAME HUNTER, GARY 2.5 STREET ADDRESS 1298 ORANGEVIEW LN 2.6 CITY - ST - ZIP HOLIDAY FL 34691 2.7 TITLE D 2.8 NAME TRANT, ANN MARIE 2.9 STREET ADDRESS 1018 CLASSIC DR 2.10 CITY - ST - ZIP HOLIDAY FL 34691 2.11 TITLE D 2.12 NAME GENTILE, BEN 2.13 STREET ADDRESS 3028 COLDWELL DR 2.14 CITY - ST - ZIP HOLIDAY FL 34691			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P 1.2 NAME Sylvia Peter 1.3 STREET ADDRESS 1024 Chelsea Ln. 1.4 CITY - ST - ZIP Holiday FL. 34691 1.5 TITLE S 1.6 NAME Thomas Sullivan 1.7 STREET ADDRESS 3035 Merita Dr. 1.8 CITY - ST - ZIP Holiday FL. 34691 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 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 if changed, or on an attachment with an address. SIGNATURE: <i>Thomas Sullivan</i> 3/5/97 813 943-8124 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089187			



CR2E037 (9/96)