

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P26545

(4)

1. Corporation Name

SECURITY FIRST GROUP, INC.

Principal Place of Business

11365 WEST OLYMPIC BLVD.  
LOS ANGELES CA 90064

Mailing Address

11365 WEST OLYMPIC BLVD.  
LOS ANGELES CA 90064-1606



3. Date Incorporated or Qualified

10/20/1989

3a. Date of Last Report

02/09/1996

4. FEI Number

95-3947585

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

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

9. Name and Address of Current Registered Agent

BUERKE, HUGH, JR.  
200 WEST COLLEGE AVE.  
TALLAHASSEE FL 32301

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEPHAM, ROBERT G	
STREET ADDRESS	11365 WEST OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEARSON, RICHARD C	
STREET ADDRESS	11365 WEST OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAYTON, HOWARD "H"	
STREET ADDRESS	11365 WEST OLYMPIC BLVD.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	VF	<input type="checkbox"/> DELETE
NAME	EAGLE, JANE F	
STREET ADDRESS	11365 WEST OLYMPIC BLVD	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKRIGG, MELVIN M	
STREET ADDRESS	11356 WEST OLYMPIC BLVD	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, REGINALD B	
STREET ADDRESS	11365 WEST OLYMPIC BLVD	
CITY - ST - ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/97 (310)312-6100

CR2E034 (9/96)