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

Apr 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)PALM BEACH SECURITY INC. Principal Place of Business Mailing Address 100 TOWER OFFICE PARK 5390 N OCEAN OR SINGER ISLAND FL 33404 STF Y DO NOT WRITE IN THIS SPACE WOBURN MA 01888 3. Date Incorporated or Qualified 04/29/1992 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 04-2746573 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARSHAK, RICHARD 5380 N. OCEAN DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SINGER ISLAND FL 33404 83 64 11. Pursuant to the provisions of Sections 607.03.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 11 DILE MURPHY, KENNETH R. NAMI 1.2 NAME 11 HOUGHTON ST. STREET ADDRESS 1.3 STREET ADDRESS **WOBURN MA** 1.4 CHY-ST-ZIP CHTY-SI-ZH DELETE Change Addition TITLE 2.1 TIFLE MURPHY, ELEANOR M. 2.2 NAME NAMI 11 HOUGHTON ST. STREET ADDRESS 23 STREET ADDRESS **WOBURN MA** CITY-ST-ZIP 2 4 CITY - ST - ZIF DELETE Change Addition 1071.6 31 TITLE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DETETE Addition TIRE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 supplience tall annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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 all actimient with an address.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5 3 STREET ADDRESS 5 4 CITY- ST- ZIP

6 3 STREET ADDRESS

SIGNATURE

TITLE

NAME

THILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST ZIP

moth Mucha

DELETE

DELFTE

4-14-98 781.935-7052

Change

Change

Addition

Addition

**FILED**