FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996	Secretar	i. Mortham y of State :ORPORATIONS		
	MENT # P9200	0002974 (3)			
•	GUARD SECURITY INTERNA	ATIONAL INC.			
		WITCH ME, INC.		1 1861/18/ 118 18/18 118/ 18/18 18/18	
Dringing Plans	of Dunis				
Principal Place of Business 405 A. ATLANTIC RO.D.		Mailing Address			
CAPE CANAVERAL FL 32920		P.O. BOX 216 Cape Canaveral FL 32920			
				 Date Incorporated or Qualified 11/09/1992 	3a. Date of Last Report 08/01/1995
2. Principal Pla	ace of Business	2a, Mailing Address 26		4. FEI Number 59-3151653	Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State		27 Crty & State			Fee Required
23		[28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Current	29 :	30		□No
	5. Name and Address of Correct	Negistered Agent	81 Name	10. Name and Address of New F	egistered Agent
KIRSCHENRAJIM JACK A				Nonn Bennett	
FOE MODILL ON AND AND				Address (P.O. Box Number is Not Acceptab	ile)
	BEACH FL 32932		83	ner square Suite 302	
			84 City	Willard Street	
			$ \cdot $ r_{\star}	ocea, FL.	FL 85 Zip Code 32922
11. Pursuant to or registere	o the provisions of Sections 607.0502 ed agent, of Jioth, in the State of Florid	and 607.1508, Florida Statutes, a. Such charloe was authorized	the above-named c	orporation submits this statement for the pure board of directors. I hereby accept the app	pose of changing its registered office
	h, and accept the dulid fions of Section	on 607.0505, Florida Statutes.	by the composition is	board of directors. Therapy accept the appro-	72/CI
SIGNATURE _	Signature, typed or printed he was designed useni a	and the it applicable (NOTE	Registered Agent signature	H so see that have recipal affect	6>176
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	President / Director	Change Addition
NAME	STOLL, KATIE E	/	1.2 NAME	Brent Brooks	
STREET ADDRESS	101 GEORGE KING BLVD. CAPE CANAVERAL FL		1.3 STREET ADDRESS	HOS A. Atlantis Rd.	
CITY-ST-ZIP TITLE	CAPE CANAVERAL PL		1.4 CITY - ST - ZIP	Cape Canaveral FL 37	450
NAME		DELETE	2 1 TITLE	Secretary/Treasurer, D	Avetter ['Change X Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	Christy Ballagh 405 A. Atlantik Rd.	
CITY-ST-ZIP			2.5 STREET ADDRESS	Cape Canoveral FL 329	20
TITLE		DELETE	3 1 TITLE	tage can weren 1-c 32-9	☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-ZIP			3.4 CH1Y - S1 - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		İ
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	44 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		_	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 Crty - St - ZiP		
TITLE		□ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		

14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 convoration 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 TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR