

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

FILED

May 19 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 # P92000002974 (3)

1. Corporation Name

SAFEGUARD SECURITY INTERNATIONAL, INC.

Principal Place of Business  
405 A. ATLANTIC RD.  
CAPE CANAVERAL FL 32920

Mailing Address  
P.O. BOX 216  
CAPE CANAVERAL FL 32920-0216



3. Date Incorporated or Qualified 11/09/1992  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3151653

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

9. Name and Address of Current Registered Agent

BENNETT, KOHN  
MARINER SQUARE, SUITE 302  
98 WILLARD STREET  
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

HENRY PHELPS

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

651 DUNDEE CIR

83

84 City

MELBOURNE,

FL

85 Zip Code

32904

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 reinstating)

DATE

*Henry Phelps*

HENRY PHELPS, Sec. Treas. 3-18-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BROOKS, BRENT	405 A ATLANTIS RD	CAPE CANAVERAL FL	<input type="checkbox"/>
ST	BALLAGH, CHRISTY	405 A. ATLANTIS RD.	CAPE CANAVERAL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	JOHN BOYLE	1730 CRANE CREEK BLVD	MELBOURNE, FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	HENRY PHELPS	651 DUNDEE CIR	MELBOURNE, FL 32904	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	RUTH M. BOYLE	1730 CRANE CREEK BLVD	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARTHA L. PHELPS	651 DUNDEE CIR	MELBOURNE, FL 32904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97

Date

Daytime Phone #

407-784-1892

CR2E034 (9/96)