SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P92000005751 (2) DUREK SECURITY SYSTEMS, INC. Ma ling Address Principal Place of Business 4689 POSADA DRIVE 4689 POSADA DRIVE ORLANDO FL 32839 ORLANDO FL 32839 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1995 11/16/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principa! Place of Business Not Applicable 59-3151485 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #. etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζip Zip Yes 📝 No Florida Stalutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DUREK, JOSEPH D JR Street Address (P.O. Box Number is Not Acceptable) 82 4689 POSADA AVENUE ORLANDO FL 32839 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DALL SIGNATURE (NOTE Fing steece Agent signature required when reinstiting) Signature, type dior pente disperie of registered agent and title diapple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TilluE THILE DUREK, JOSEPH D JR NAME 1.3 STREET ADDRESS 4689 POSADA DRIVE STREET ADDRESS 1.4 CITY - ST - ZIP ORLANDO FL 32839 CITY - ST - 7IP Change Addition DELETE 21 THLE TITLE

(36/E)NAME 2 3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - SF - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - ST- ZIP 800001912498 Addition -08/05/96--01036--028 CITY - ST - ZIP DELETE 6.1 Tillut TITLE 6.2 NAME NAME ***225.00 63 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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 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:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/96 (407/422-055)