

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000012173 (0)

1. Corporation Name

S O S SECURITY OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

25630 MAGNOLIA AVE.  
8  
EUSTIS FL 32726  
US

P. O. BOX 1526  
SORRENTO FL 32776-1526  
US

3. Date Incorporated or Qualified  
12/16/1992

3a. Date of Last Report  
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTEENY, MELISSA P  
25630 MAGNOLIA AVE.  
SUITE 214  
EUSTIS FL 32726

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 607.0405, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Date Registered Agent or Director Accepted Appointment)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
2. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
3. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
4. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
5. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
6. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP  
21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP  
25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY, ST, ZIP  
29. TITLE  
30. NAME  
31. STREET ADDRESS  
32. CITY, ST, ZIP  
33. TITLE  
34. NAME  
35. STREET ADDRESS  
36. CITY, ST, ZIP  
37. TITLE  
38. NAME  
39. STREET ADDRESS  
40. CITY, ST, ZIP  
41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY, ST, ZIP  
45. TITLE  
46. NAME  
47. STREET ADDRESS  
48. CITY, ST, ZIP  
49. TITLE  
50. NAME  
51. STREET ADDRESS  
52. CITY, ST, ZIP  
53. TITLE  
54. NAME  
55. STREET ADDRESS  
56. CITY, ST, ZIP  
57. TITLE  
58. NAME  
59. STREET ADDRESS  
60. CITY, ST, ZIP  
61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY, ST, ZIP  
65. TITLE  
66. NAME  
67. STREET ADDRESS  
68. CITY, ST, ZIP  
69. TITLE  
70. NAME  
71. STREET ADDRESS  
72. CITY, ST, ZIP  
73. TITLE  
74. NAME  
75. STREET ADDRESS  
76. CITY, ST, ZIP  
77. TITLE  
78. NAME  
79. STREET ADDRESS  
80. CITY, ST, ZIP  
81. TITLE  
82. NAME  
83. STREET ADDRESS  
84. CITY, ST, ZIP  
85. TITLE  
86. NAME  
87. STREET ADDRESS  
88. CITY, ST, ZIP  
89. TITLE  
90. NAME  
91. STREET ADDRESS  
92. CITY, ST, ZIP  
93. TITLE  
94. NAME  
95. STREET ADDRESS  
96. CITY, ST, ZIP  
97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melissa P. Marteny* Pres. - MELISSA P. MARTEENY - Pres. 1/23/96 904-597-5820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)