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 CODDODATION



FLORIDA DEPARTMENT OF STATE

| | 996 | (4) (3) | Secretary of Stat ON OF CORPOR | | | | |
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| OCUM Corporation | MENT # POSO | 00026416 | (6) | | • | | |
| MID-KE | YS SECURITY SYSTEMS | , INC. | | |) YERVIERI IIR KRIBE IIIVI ROVU BEKKE | ANK an ka nava an | AL DIREK H asa a kka hor n |
| Principal Place of Business Mailing Address | | | | | | | 41 B1881 11818 B111 B141 |
| 6400 OVERSE MARATHON F | | 6400 OVERSEA MARATHON FL | | | Date Incorporated or Qualified | 3a Date o | f Last Report |
| | | | | | 04/06/1993 | 1 | /1995 |
| 2. Principal Place of Business | | 2a. Mailing Addr | ess | | 4, FEI Number 65-0040993 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | | 26 Suite, Apt. #, etc | | Certificate of Status Desired | \$ | 8.75 Additional |
| 2 | | 27 | | | Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | ⊢ | ountry | B. This corporation has liability for | | |
| 4 | 25 | 29 | 30 | | Florida Statutes 10. Name and Address of New Re | Yes N | |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 Name | (U. Maine and Address of New Tie | gistored rigo. | <u></u> |
| | SHMASH, SALLY | | | 82 Street Add | ress (P.O. Box Number is Not Acceptate | ole) | |
| | 00 OVERSEAS HWY | | | 82 Street Add | ress (F.O. Box Mullider is Not Neceptor | | |
| MA | ARATHON FL 33050 | | | 83 | | | |
| | | | | 84 City | | F. 8 | 5 Zip Code |
| | | | | | paration a sharite this statement for the n | FL ° | nging its registered |
| office or re | egistered agent, or both, in the Sta | tie of Franca. Socii chan | ige was authorize | ed by the corporat | ION D DOCT OF CHICAGO THE COLOR | | ~ |
| SIGNATURE | | | | | noration submits this statement for the plan's board of directors. I hereby acceptions dispersion for the plant of the pla | f.Aft | |
| SIGNATURE . | Signature, typed or printed name of regillered. | | | cred Agent signalare requ | | DATE | ECTORS IN 12 |
| SIGNATURE 12. | Signature, typed or printed name of regillered. | agent and the Tapplicable | (NOTE Region 13 DELETE 11 | orod Agent signalure requ 3. 1 TITLE | ered wher re-instatings | DATE | ECTORS IN 12 |
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