

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 PM 2:34

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048811 (2)

1. Corporation Name

CAPITOL SECURITY AGENCY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

201 PARK PLACE
NO. 205
ALTAMONTE SPRINGS FL 32701

201 PARK PLACE
NO. 205
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

4. FEI Number
NOT APPLICABLE

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

7. This corporation is liable for corporate tax under 15 USC 1801
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLINCKO, DONALD R
201 PARK PLACE
NO. 205
ALTAMONTE SPRINGS FL 32701

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent for 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 aware with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent (Required) and Title (Required)

(Print Name of Registered Agent (Required) and Title (Required)

(Date)

12. OFFICERS AND DIRECTORS

13. APPLICANTS CHANGED TO OFFICERS AND DIRECTORS ()

12.1	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.1	CPD KIHM, JOHN B	5126 VENICE BLVD.	LOS ANGELES CA	90019	
12.2	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.3	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.4	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.5	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.6	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.7	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.8	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.9	NAME	STREET ADDRESS	CITY	STATE	ZIP
12.10	NAME	STREET ADDRESS	CITY	STATE	ZIP

13.1	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
13.1	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.4	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.5	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.6	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.7	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.8	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.9	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
13.10	NAME <td>STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td></td>	STREET ADDRESS <td>CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	CITY <td>STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STATE <td>ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and that, not equally for the corporation registered in this state, Florida Statutes. I further certify that the information which is the annual report or supplemental annual report of this corporation is complete and that the corporation shall have the appropriate officer for each report. I am aware with and accept the obligations of the corporation of this report or filing report required by Chapter 607, Florida Statutes, and that the same appear as follows: (Print Name of Registered Agent (Required) and Title (Required) and that the same appear as follows: (Print Name of Registered Agent (Required) and Title (Required))

SIGNATURE:

[Handwritten Signature]
JOAN B. KIHM
MINOR AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-28-95 2134646222