

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994. AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Joni Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1995 1994

DOCUMENT # P93000066839 (0)

1. Corporation name

E.O.D. SECURITY CONSULTANTS, INC.

Mailing Address  
3600 SOUTH STATE ROAD 7  
STE. 360  
MIAMI BEACH FL 33023

Principal Place of Business  
3600 SOUTH STATE ROAD 7  
STE. 360  
MIAMI BEACH FL 33023

If above addresses are incorrect in any way, file through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/21/1993			
22		27		4. FEI Number		Applied For	
23		28		650440355		Not Applicable	
24		29		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
				\$8.75 Additional Fee Required <input type="checkbox"/>		<input type="checkbox"/>	
				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPROVED  
AND  
FILED

95 APR 10 AM 7:44

TALLAHASSEE, FLORIDA

DD

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AUGUSTINOWITZ JOSEPH D 8781 NORTHWEST 13TH STREET PEMBROKE PINES FL 33024				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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

(Signature) Name or printed name of registered agent and the State of Florida

(Signature) Registered Agent Signature required when registering

(Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	AUGUSTINOWITZ JOSEPH D	12 NAME	
13 STREET ADDRESS	8781 NORTHWEST 13TH STREET	13 STREET ADDRESS	TIS, 4/10/95
14 CITY, ST, ZIP	PEMBROKE PINES FL 33024	14 CITY, ST, ZIP	
15 TITLE		21 TITLE	
16 NAME		22 NAME	
17 STREET ADDRESS		23 STREET ADDRESS	600001454306
18 CITY, ST, ZIP		24 CITY, ST, ZIP	-04/12/95--01053--001
19 TITLE		31 TITLE	****225.00 ****225.00
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY, ST, ZIP		34 CITY, ST, ZIP	
23 TITLE		41 TITLE	
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY, ST, ZIP		44 CITY, ST, ZIP	
27 TITLE		51 TITLE	
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY, ST, ZIP		54 CITY, ST, ZIP	
31 TITLE		61 TITLE	
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY, ST, ZIP		64 CITY, ST, ZIP	

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(2)(b), 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 or 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:

*Joseph Augustinowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#-3-95 305-964-7444  
Date Signature