## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9300 SECURITY PRODUCTS, IN		)	# # # # # # # # # # # # # # # # # # #	
Principal Place	e of Business	Mailing Address			8141 <b>89</b> 114 1886) 46161 41811 8911 8811 881
394 SW 12TH AVE 394 SW 12TH AVE				1	
DEERFIELD BCH FL 33442		DEERFIELD BCH FL 33	442		
					IN THIS SPACE
				3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	04/25/1996 Applied For
21	add or Basillott	26	•	65-0451326	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	<b>–</b>
24	25 9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June  10. Name and Address of New Re	
CI	ITAIA, SUSAN D	III I TOBISTOI OO AGOIN	81 Name	ID. Hame and Address of New No.	Aretered Marit
	4 SW 12TH AVE				
DEERFIELD BEACH FL 33442			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
<i>D</i> C	EN ICCO BEACH I E 00772		83		
	A		84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida Such change was galions of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the pation's board of directors. I hereby acceptions	ot the appointment as registered
12.	Signature, typed or printed name of registered agent and the if applicable (NOT OFFICERS AND DIRECTORS		TE Registered Agent signature roqu  13.	ADDITIONS/CHANGES TO OFFIC	DATE PEDG AND DIDECTORS IN 12
TITLE	D	DELETE	1.1 Title	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CUTAIA, SUSAN D	<b>3</b>	1.2 NAME		-
STREET ADDRESS	AAA AMA AATIA AMT		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 3344	2	1.4 CiTY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP			2.4 City-St-ZiP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		•	3.3 STREET ADDRESS		•
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Charm Harry
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		_ pecel	6.2 NAME		FT OPENSO FT VOCARIES
			6.3 STREET ADDRESS		
STREET ADDRESS			0.5 STACET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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. (954) 0.28.97