

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080113 (2)

1. Corporation Name

SECURE SYSTEMS, INC.

Principal Place of Business

7320 GRIFFIN RD.
SUITE 105
DAVE FL 33314

Mailing Address

7320 GRIFFIN RD.
SUITE 105
DAVE FL 33314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0464500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 9723 N. New River Canal Rd

Suite, Apt. #, etc.

22 416

City & State

23 Plantation FL

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 9723 N. New River Canal Rd

Suite, Apt. #, etc.

27 416

City & State

28 Plantation FL

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

GOLDBER, MARK H.
888 S ANDREWS AVE
STE 308
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

Same

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

10000 Sterling Rd Suite 1

83

Suite 1

84

Cooper city

FL

85 Zip Code

33024

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 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 familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when registering)

4-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

YALES, RONALD J.

STREET ADDRESS

7320 GRIFFIN RD, STE 105

CITY - ST - ZIP

DAVE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ 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 110.07(3)(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, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Jo Yales
Mary Jo Yales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95

905-370-9638

Date

Printing Name