FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

1996 MAR 29 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083608 (8)**

1. Corporation Name

CRIME BLOCKER SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
241 O'BRIEN ROAD FERN PARK FL 32730	241 O'BRIEN ROAD FERN PARK FL 32730

3. Date Incorporated or Qualified: **11/19/1993**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27

City & State — 23 — City & State — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: **59-3215189** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRISON, WILLIAM H.
7100 SOUTH HIGHWAY 17-92
FERN PARK FL 32730

10. Name and Address of New Registered Agent

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, 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, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	P/S/C	☑ Change ☐ Addition
NAME	CARROLL, LAWRENCE W JR		1.2 NAME	LAWRENCE W. CARROLL, JR	
STREET ADDRESS	% 241 O/BRIEN ROAD		1.3 STREET ADDRESS	110 CAMPHOR TREE LN	
CITY-ST-ZIP	FERN PARK FL 32730		1.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714	
TITLE		☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME			2.2 NAME	LAWRENCE W. CARROLL III	
STREET ADDRESS			2.3 STREET ADDRESS	110 EASTERN FORK	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☑ Addition
NAME			3.2 NAME	BRIAN G. CARROLL	
STREET ADDRESS			3.3 STREET ADDRESS	106 CAMPHOR TREE LN	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☑ Addition
NAME			4.2 NAME	MARK R. CARROLL	
STREET ADDRESS			4.3 STREET ADDRESS	1575 CARLISLE DR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		☐ DELETE	5.1 TITLE	VP	☐ Change ☑ Addition
NAME			5.2 NAME	PAUL T. CARROLL	
STREET ADDRESS			5.3 STREET ADDRESS	106 CAMPHOR TREE LN	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

WSP 3PP PLC

CR2E034 (12/95)

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(3)(k), 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: Lawrence W. Carroll — 3/26/96 — (407)339-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #