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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400001715 (9)

Mailing Address

827 SE 9TH ST

1. Corporation Name
SECURITY SERVICES, INC.

Principal Place of Business 827 SE 9TH ST



FT LAUDERDALE FL 33316	FT LAUDERDALE FL 33316			
			3. Date Incorporated or Qualified 01/07/1994	3a. Date of Last Report 09/12/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0476518	Applied For
3880 N 28 ter	26		00.04/00.10	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Criy & State 23 Hollywood, Fl	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country 24 33020 25 BRWD	Zip Co 29 30	ountry	Tionact Dictions	□No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
5. (1411)		81 Name		
CLARK, STEVEN 827 SE 9TH ST		82 Street Address (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316		83		
		84 City		FL 85 Zip Code
				f 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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, typed or ported name of regions, tagent firefath of abron it		Ragisterer: Agent signal ze regionac 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTOR	DELETE	1 1 TITLE	Charige Addition
TITLE		beerte	1.2 NAMÉ	_
NAME	CLARK, STEVEN W			
STREET ADDRESS	827 S.E. 9 ST.		1.3 STREET ADDRESS	
CHTY-ST-ZIP	FT. LAUDERDALE FL 33316	C COLLEG	1.4 CITY - ST ZIP	☐ Change ☐ Addition
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NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
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NAME			3.2 NAME	
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NAME			4.2 NAME	
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City-St-ZiP			5.4 CITY - SF - ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME		= =	6.2 NAME	
			6.3 STREET AUDRESS	
STREET ADDRESS			64 CITY - S1 - ZIP	
CITY : S1 - ZIP				for the exemption stated in Section 119 07/3/k). Florida Statutes, I further

14. Ido hereby certify that the information supplied with this firing 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 armual 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 gluinged, or go an attachment with an address.

SIGNATURE: SIGNATURE AND AFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15.96

(954) 926-1900 5A.283

Daytore Privoc #

CR2E034 (12/95)