

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # P94000011514 (4)

1. Corporation Name

SATURN SECURITY, INC.



Principal Place of Business

2304 S. BABCOCK ST.
MELBOURNE FL 32901

Mailing Address

2304 S. BABCOCK ST.
MELBOURNE FL 32901

2. Principal Place of Business

2a. Mailing Address

21 212 WEST SEMINOLE AVE

26 212 WEST SEMINOLE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MELBOURNE, FLORIDA

28 MELBOURNE, FLORIDA

Zip

Country

Zip

Country

24 32901

25 BREVARD

29 32901

30 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLL, JO
2304 S BABCOCK ST
MELBOURNE FL 32901

81 Name

ROLL, JO

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

212 WEST SEMINOLE AVENUE

83

84 City

MELBOURNE

FL

85

Zip Code

32901

11. Pursuant to the provisions of Sections 607.0552 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

[JO ROLL]

JUNE 18, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ROLL, JO
STREET ADDRESS 2304 S BABCOCK ST
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME ROLL, JO
1.3 STREET ADDRESS 212 WEST SEMINOLE AVENUE
1.4 CITY-ST-ZIP MELBOURNE, FLORIDA 32901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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(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 or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President [407] 725-6511
Date 6-18-96 Daytime Phone #

CR2E034 (12/95)