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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996		Salida B Mothani Scittetary of Cate Division of Corporations			NS				
DOCUM 1. Corporation	MENT #	P94000	0014708	(9)					
TREA	SURE COAST	SECURITY, IN	C.						
Principal Place	of Business		Mailing Address					IFF UURII UUIUI FIUII	<b>                                    </b>
515 TULIP LANE			P.O. BOX 6428 VERO BEACH FL 32961-6428						
ACHO DEM	CH FL 32963		US	. 32901-0428			Date Incorporated or Qualified	3a. Date of	Last Report
							02/21/1994		/28/1995
2. Principal Pla	ace of Business		2a. Mailing Address				4. FEI Number 65-0478450		Applied For
	21 Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Not Applicable  8.75 Additional
22			27	The second control of				Fee Required	
City & State			City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 May Be Added to Fees
Zip	<del></del>	ountry	Zιρ	<u> </u>	ountry		8. This corporation has liability for	. "	nder s 199 032.
24 25 25 29 Name and Address of Current Reg			29  Registered Agent	30 stered Agent			Florida Statutes		
					81	Name		<u>=</u>	
	AN, HAMILTON F	T JR.			82	Street Add	fress (P.Ö. Box Number is Not Acceptab	ole)	
	JLIP LANE BEACH FL 3296:	2			83		· · · · · · · · · · · · · · · · · · ·		
VERO									
VERO	DEAUN FL 3290				84	City		FL <sup>1</sup>	85 Zip Code
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SIGNATURE:

14. I do hereby certify that the information of certify that the information indicated operath, that I am an officer or director appears in Block 12 or Block 13 if of the

ed and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further report is true and accurate and that my signature shall have the same legal effect as if made under impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(561)569-1100

CR2E034 (12/95)