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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000015748 (4)

1. Corporation Name

AMERICAN SECURITY COMMAND FORCE, INC.



Principal Place of Business

Mailing Address

3022 SO. U.S. 1  
FORT PIERCE FL 34982

3022 SO. U.S. 1  
FORT PIERCE FL 34982

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 800 VIRGINIA AVE

26 800 VIRGINIA AVE

Suite, Apt., etc.

Suite, Apt., etc.

22 #53

27 #53

City & State

City & State

23 FT. PIERCE, FLA.

28 FT. PIERCE, FLA.

Zip

Zip

24 34982

29 34982

Country

Country

25 ST. LUCIE

30 ST. LUCIE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, FOX, SEELEY, DUNLEY & SWEAT, P.A.  
1100 SO. FEDERAL HIGHWAY  
STUART FL 34995

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

Signature, typed or printed name of registered agent and dated August 1996

(NOTE: Registered Agent signature and date when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME TALLMAN, JOHN  
STREET ADDRESS 939 N. E. JUNIPER PLACE  
CITY-STATE-ZIP JENSEN BEACH FL 34957

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE D  
NAME SALERNO, STEVEN  
STREET ADDRESS 1885 WESTFIELD STREET  
CITY-STATE-ZIP W. SPRINGFIELD MA 01089

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

JOHN TALLMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/22/96

407-467-2405  
Daytime Phone

CR2E034 (12/95)