SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 10 AM 8:14

DOCUMENT # P94000025716 (9)

1. Corporation Name

HOME AND BUSINESS SECURITY, INC.

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DR. SUITE 900 WEST PALM BEACH FL 33401	515 NORTH FLAGLER DR. SUITE 900 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3001 SOUTH OCEAN BLVD	26 3001 SOUTH OCEAN BLVD
22 Suite, Apt. #, etc. SUITE 3J	27 Suite, Apt. #, etc. SUITE 3J
23 City & State Hollywood FLORIDA	28 City & State Hollywood FLORIDA
24 Zip 33019 25 Country USA	29 Zip 33019 30 Country USA

4. FEI Number: 65-0481109 ☐ 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	10. Name and Address of New Registered Agent
CAPKO, WILLIAM G 515 NORTH FLAGLER DR. SUITE 900 WEST PALM BEACH FL 33401	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	DPC	11 TITLE		☐ Change ☐ Addition
NAME	DALE, STEVEN D	12 NAME		
STREET ADDRESS	21373 TOWN LAKES DR., #1525	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE	DS	☒ Change ☐ Addition
NAME	LATTIMER, CLYDE N	22 NAME	LATTIMER, CLYDE N	
STREET ADDRESS	228 ROUTE 73 NORTH	23 STREET ADDRESS	228 ROUTE 73 NORTH	
CITY-ST-ZIP	BERLIN NJ 08009	24 CITY-ST-ZIP	BERLIN NJ 08009	
TITLE		31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	JAMES B. McGROARTY	
STREET ADDRESS		33 STREET ADDRESS	228 N. ROUTE 73	
CITY-ST-ZIP		34 CITY-ST-ZIP	BERLIN NJ 08009	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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: James B. McGroarty TREASURER JAMES B. McGROARTY 7/11/95 (305) 920-7188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004024 CR