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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P94000026248 (2)

QUEST SECURITY SERVICES INC.

Principal Place	of Business	Mailing Address		···		<b>        </b>		
1728 S.W. 13 MIAMI FL 33		1728 S.W. 131ST PL MIAMI FL 33175	ACE CIRCLE S	DUTH				
		WICHWI 1 C 00170			Date Incorporated or Quality	ford On Day		
					04/06/1994		e of Last F <b>)5/01/1</b> 8	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
4//	NW ZTAVE	26			65-0480301		<b> </b>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desire	d 🗆	\$8.7	Additional
City & State		City 9 State		· · · · · · · · · · · · · · · · · · ·		- L	Fee	Required
City & State City & State					6. Election Campaign Financia  Trust Fund Contribution	ng 🗆		00 May Be
Zip	Country	Zip	Countr		8. This corporation has liability			d to Fees
33/2	21 25 DADE	29	30			Yes No	ax aridor s	133.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of No	ew Registered	Agent	
			81	Name				
	JO, FRANK R		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	W. 131ST PLACE CIR. SO.		83	<del> </del>		<u></u>		
MIAMI F	L 331/5		0.3					
			84	City		<u> </u>	85 Zi	p Code
1. Pursuant to	o the provisions of Sections 607,0502	2 and 607.1508. Florida Statu	ites, the above-	named corpor	ration submits this statement for the	FL	• I	onintered offic
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	ua. Ouch chance was animer	Rea by the com	oration's boa	rd of directors. I hereby accept the	appointment as	registered	l agent. I am
	in, a is accopi the obligations of, occi	ion oor boos, rionda statute	35.					
	Signature, lyped or printed name of registered agent	and title if applicable (N	OTE: Registered Age	nt signature require	d when reinstating)	DATE		
· · · · · · · · · · · · · · · · · · ·	Signature, lypod or printed name of registered agent OFFICERS AN	D DIRECTORS	NOTE: Registered Age	nt signature require			DIRECTO	DRS IN 12
2. LE	OFFICERS AN			nt signature require	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND	O DIRECTO	DRS IN 12
Z. ILF	OFFICERS AND CDMP MONTEJO, FRANK R.	D DIRECTORS	13.	nt signature require		OFFICERS AND		
2. ILE IME REET ADDRESS	OFFICERS AND CDMP MONTEJO, FRANK R. 1728 SW 131 PL. CIR. SO	D DIRECTORS	13. 1. 1 TITLE			OFFICERS AND		
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SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 3W-649-1044

- A DESCRIPTION AND ADMINISTRATION REPORT OF THE ADMINISTRATION OF