SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (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
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041391 (1)**

1. Corporation Name
ELITE SECURITY SYSTEMS INC.

Principal Place of Business	Mailing Address
101 LAKE AVENUE N.E. #107 LARGO FL 34641	101 LAKE AVENUE N.E. #107 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 13071-B 92nd ST. N.
22: Suite, Apt. #, etc.
23: City & State: LARGO, FL.
24: Zip: 34643
25: Country: U.S.A.

2a. Mailing Address
26: 13071-B 92nd ST. N.
27: Suite, Apt. #, etc.
28: City & State: LARGO, FL.
29: Zip: 34643
30: Country: U.S.A.

4. FEI Number: 59-3252246 ☐ 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

GOULD, KIMBERLY
101 LAKE AVENUE N.E.
#107
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: Kimberly Gould
82 Street Address (P.O. Box Number is Not Acceptable): 13071-B 92nd ST. N.
83:
84 City: LARGO FL 85 Zip Code: 34643

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	D	11 TITLE	☐ Change ☐ Addition
NAME	GOULD, RICHARD I	12 NAME	
STREET ADDRESS	101 LAKE AVENUE N.E. #107	13 STREET ADDRESS	13071-B 92nd ST. N.
CITY-ST-ZIP	LARGO FL 34641	14 CITY-ST-ZIP	LARGO, FL. 34643
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GOULD, JUDITH	22 NAME	
STREET ADDRESS	101 LAKE AVENUE N.E. #107	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GOULD, KIMBERLY	32 NAME	
STREET ADDRESS	101 LAKE AVENUE N.E. #107	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GOULD, STEVE	42 NAME	
STREET ADDRESS	101 LAKE AVENUE N.E. #107	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HINDMAN, JOHN	52 NAME	
STREET ADDRESS	1708 NANTUCKET COURT	53 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	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: Steve Gould 8/4/95 813-582-9975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0166300 FP