

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041391 (1)

1. Corporation Name

ELITE SECURITY SYSTEMS INC.



Principal Place of Business

Mailing Address

~~13074B-02-ST-N~~ 1103 WOODCREST AVE
~~4402~~ SAFETY HARBOR FL
~~LARGO FL 34043~~ 34695
US

~~1103 WOODCREST AVE~~ P.O. BOX 773
~~4402~~ SAFETY HARBOR, FL
~~LARGO FL 34043~~ 34695
US

3. Date Incorporated or Qualified
05/27/1994

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~13074B-02-ST-N~~

26 ~~13074B-02-ST-N~~

4. FEI Number
59-3252246

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

GOULD, KIMBERLY
~~13074B-02-ST-N~~ P.O. BOX 773
~~4402~~ SAFETY HARBOR, FL
~~LARGO FL 34043~~ 34695

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 *Richard Gould* CEO

5/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOULD, RICHARD I	
STREET ADDRESS	13074B-02-ST-N	
CITY-STATE-ZIP	LARGO-FL	
TITLE	D	☐ DELETE
NAME	GOULD, JUDITH	
STREET ADDRESS	13074B-02-ST-N	
CITY-STATE-ZIP	LARGO-FL	
TITLE	D	☐ DELETE
NAME	GOULD, KIMBERLY	
STREET ADDRESS	13074B-02-ST-N	
CITY-STATE-ZIP	LARGO-FL	
TITLE	D	☐ DELETE
NAME	GOULD, STEVE	
STREET ADDRESS	13074B-02-ST-N	
CITY-STATE-ZIP	LARGO-FL	
TITLE	D	☐ DELETE
NAME	HINDMAN, JOHN	
STREET ADDRESS	4700 NANTUCKET COURT	
CITY-STATE-ZIP	SAFETY HARBOR FL 34693	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	1103 WOODCREST AVE
14. CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
2. TITLE	☒ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	1103 WOODCREST AVE
24. CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
3. TITLE	☒ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	1103 WOODCREST AVE
34. CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
4. TITLE	☒ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	1103 WOODCREST AVE
44. CITY-STATE-ZIP	SAFETY HARBOR, FL 34695
5. TITLE	☒ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	7456 PURSLEY
54. CITY-STATE-ZIP	NEW PORT RICHEY FL
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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: *Richard Gould* CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 813-669-4506
DATE DAY/PHONE #

CR2E034 (12/95)