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FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000045837 (9)
1. Corporation Name
MCKINLEY'S FLORIDA SECURITY ACADEMY, INC.



Principal Place of Business: 447 THIRD AVE N SUITE 403 ST PETERSBURG FL 33701
Mailing Address: 447 THIRD AVE N SUITE 403 ST PETERSBURG FL 33701-3255

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-3273564
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
JULIANO, CHARLENE
447 THIRD AVE N
SUITE 403
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MCKINLEY, JAMES	
STREET ADDRESS	34564 41ST TER S BLDG 32 SUITE 202	
CITY-ST-ZIP	ST PETERSBURG FL 33711-4345	
TITLE	D	DELETE
NAME	HUGHES, TERRY E	
STREET ADDRESS	11353 77TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	D	DELETE
NAME	JULIANO, CHARLENE	
STREET ADDRESS	447 THIRD AVE N SUITE 404	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	DELETE
NAME	MCKINLEY, CONSTANCE	
STREET ADDRESS	3465 41ST TER S BLDG 32 SUITE 202	
CITY-ST-ZIP	ST PETERSBURG FL 33711-4345	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 V. McKinley* 1-24-97 (813) 821-6324
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)