FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000046593 (7)**

1. Corporation Name

NEW WORLD SECURITY, INC.

Principal Place of Business

273 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

P. O. BOX 162568
ALTAMONTE SPRINGS FL 32716-2568
US

3. Date Incorporated or Qualified: **06/22/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **1750 S Hwy 427**
Suite, Apt. #, etc.
22 **Suite 908**
City & State
23 **Altamonte Springs, FL**
Zip 24 **32701** Country 25 **Seminole**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2351417** **59-3251417** ☐ 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 **XX** No

9. **Name and Address of Current Registered Agent**

RIVERA, HERIBERTO
273 WEST CITRUS STREET
ALTAMONTE SPRINGS FL 32714

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1750 S. Hwy 427

83
Suite 908

84 City: **Altamonte Springs** **FL** 85 Zip Code: 32701

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 individual with authority to sign on behalf of corporation (Note: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RIVERA, HERIBERTO		1.2 NAME		
STREET ADDRESS	273 W. CITRUS STREET		1.3 STREET ADDRESS	1750 S Hwy 427 - Suite 908	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RIVERA, CARLOS		2.2 NAME		
STREET ADDRESS	273 WEST CITRUS STREET		2.3 STREET ADDRESS	1750 S Hwy 427 - Sute 908	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEDINA, MILTON		3.2 NAME		
STREET ADDRESS	5 MANATEE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RIVERA, DOREEN		4.2 NAME		
STREET ADDRESS	273 WEST CITRUS STREET		4.3 STREET ADDRESS	1750 S Hwy 427 - Suite 908	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by attachment with an address.

SIGNATURE: Doreen G. Rivera **DOREEN G. RIVERA** 04/14/96 407/834-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #