

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **D94000074669**

1. Corporation Name

OPTIMA SECURITY AND FUNDING, INC.

Principal Place of Business

7380 N.W. 35 TERRACE
MIAMI, FLORIDA 33122

Mailing Address

7380 N.W. 35 TERRACE
MIAMI, FLORIDA 33122

3. Date Incorporated or Qualified

10/7/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7380 NW 35 Terrace

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

City & State

27

City & State

23 Miami, Florida

28

Zip Country

Zip

Country

24 33122

25 USA

29

30

4. FEI Number

65-0540554

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

10. Name and Address of New Registered Agent

RICK ZABIELINSKI
7380 N.W. 35 TERRACE
MIAMI, FLORIDA 33122

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

Signature typed or printed name of registered agent and filer (Applicable)

(If filer is Registered Agent, Signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME RICK ZABIELINSKI
STREET ADDRESS 7380 N.W. 35 TERRACE
CITY-ST-ZIP MIAMI, FLORIDA 33122

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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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. TITLE treasurer ☐ Change ☒ Addition
2. NAME THOM SCARY CHOW
3. STREET ADDRESS 1531 NW 150 way
4. CITY-ST-ZIP Pembroke Pines 33029
5. ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK ZABIELINSKI

7/29/96

CR2E034 (12/95)