

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000076526 (0)

1. Corporation Name

ATLANTIC SECURITY, INC.

FILED
95 JUL -7 AM 9:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5775 WASHINGTON ST
APT K22
HOLLYWOOD FL 33023

Mailing Address

5775 WASHINGTON ST
APT K22
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0532730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 4331 N. FED. HWY.

2a. Mailing Address

26 4331 N. FED. HWY.

Suite, Apt., etc.

22 304

Suite, Apt., etc.

27 304

City & State

23 FT. LAUDERDALE, FL.

City & State

28 FT. LAUDERDALE, FL.

Zip

24 33308

Country

25 BROWARD

Zip

29 33308

Country

30 BROWARD

9. Name and Address of Current Registered Agent

IONESCU, FLORIAN
5775 WASHINGTON ST
APT K22
HOLLYWOOD FL 33023

ATLANTIC SECURITY, INC.
4331 N. Federal Hwy., Suite 304
Ft. Lauderdale, FL 33308
(305) 351-7737

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6-19-1995

12. OFFICERS AND DIRECTORS

TITLE D
NAME IONESCU, FLORIAN
STREET ADDRESS 5775 WASHINGTON ST APT K22
CITY - ST - ZIP HOLLYWOOD FL 33023

TITLE
NAME ATLANTIC SECURITY, INC.
STREET ADDRESS 4331 N. Federal Hwy., Suite 304
CITY - ST - ZIP Ft. Lauderdale, FL 33308
(305) 351-7737

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #