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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P95000002090 (5)

FILED May 01 1997 8:00am Secretary of State

ORION SECURITY, INC. Principal Place of Business 1870 GLADIOLAS DR. WINTER PARK FL 32792 Mailing Address 1870 GLADIOLAS DR. WINTER PARK FL 32792-62			2-6214	·				
					3. Date Incorporated or Qualified		te of Last F	leport
	D	I On the War Address			01/09/1995 4. FEI Number	06/	06/1996	
	Place of Business	2a. Mailing Address						oplied For of Applicable
Suite, Apt	t # etc	26 Suite, Apt. #, etc.			59-3299711			Additional
2		27			5. Certificate of Status Desired			equired
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	***************************************	6. Election Campaign Financing		\$5.00	May Be
<u> </u>		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Cou	intry	8. This corporation has liability for			. 199.032,
<u> </u>	25	29	30				No No	
	9. Name and Address of Cur	rent Registered Agent		Od No.	10. Name and Address of New F	Registered	Agent	
	GAL FORCE INCORPORATED			81 Name				
	2 W. COMSTOCK AVE.			62 Street Ac	ldress (P.O. Box Number is Not Accept	able)		
	ITE 111			83				
WI	NTER PARK FL 32789			• •				
				84 City		FL	85 Zip	Code
agent. I	am familiar with, and accept the ob-	ligations of, Section 607.0505,	Florida Stat	lutes.	ration's board of directors. I hereby acc	opt to a mph		•
IGNATURE.	Signature, typed or printed name of registered	agent and title if applicable (f	NOTE: Registere		quired when reinstaling)	DATE		
SIGNATURE.	Signature, typed or printed name of registered	agent and life if applicable (f	NOTE: Registere	d Agent signature red		DATE	DIRECTO	RS IN 12
SIGNATURE. 2.	Signature, typed or printed name of registered OFFICERS /	agent and title if applicable (f	NOTE: Registere: 13.	d Agent signature red	quired when reinstaling)	DATE		RS IN 12
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agent, I SIGNATURE. 12. THE MAME STREET AIDSESS ETY-S1-ZIP THE	Signature, typed or printed name of registered OFFICERS / P ELUS, STEPHEN A.	agent and life if applicable (f	NOTE: Registere: 13. 1.1 TI 1.2 N 1.3 SI	d Agant signature red JLE AME JREET ADDRESS JTY-ST-ZIP	quired when reinstaling)	DATE	DIRECTO	RS IN 12
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red to execute this report as required by Chapter 607, Fiorida Statutes; and that my name