FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



DOCUMENT # P95000005755 (0)

CORPORATION ANNUAL REPORT Secretary			EPARTMENT OF STATE Ira B. Mortham cretary of State OF CORPORATIONS	Apr 28 199 Secretary	98 8:00a
	JRION SECURITY SYST	Mailing Address 1926 SHELBY CT TALLAHASSEE FL	. ,	DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified 01/23/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo
Suite, Apt. #	f etc	Suite, Apt. #, etc		59-3299931	Not Applic \$8.75 Additions
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	This corporation owes or has paid the	Added to Fees current year Intangible
<u> </u>	9. Name and Address of Cu	29	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
office or re agent. I an SIGNATURE	gl ste red agent, or both, in the S n lamiliar with, and accept the o	State of Florida, Such change vibiligations of, Section 607,050	statutes, the above-named column was authorized by the corporate, Florida Statutes. (NOTE: Registered Agent signature requirements)	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as register 27-98
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	GUERRY, JAMES H III	DELET	1		Change Ad
NAME STREET ADDRESS CITY-ST-ZIP	1926 SHELBY CT TALLAHASSEE FL 32308	i	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRY, DIANA M 1926 SHELBY CT. TALLAHASSEE FL 32308	☐ DELET	21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Ad
TITLE		☐ DELETE			Change Ad
NAME			3.2 NAME		
STREET ADDRESS CHTY-ST-ZIP			3 3 STREFT ADDRESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Ad
NAME Street Address			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	.	2000025045 -04/29/9801013 ***150.00	S 1 Snange Ad
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	-04/29/9801013-	-027
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE			☐ Change ☐ Ad
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		181.20
			6.4 CITY-S1-ZIP		4.50
CITY-ST-ZIP					

14. I 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.

11.27-98