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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007463 (9)

1. Corporation Name

BLANCHARD SECURITY CORPORATION OF FLORIDA



Principal Place of Business

Mailing Address

[REDACTED]

[REDACTED]

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

06/10/1996

4. FEI Number

65-0566906

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

LOTT, GEORGE J
5975 SUNSET DR.
SUITE 302
MIAMI FL 32301

81 Name

George J. Lott

82 Street Address (P.O. Box Number is Not Acceptable)

Two Datan Center, Suite 1701

83

9130 So. Dadeland Blvd.

84 City

Miami

FL

85 Zip Code

33156

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S
NAME BLANCHARD, SHEILA
STREET ADDRESS 925 SW 102 AVE.
CITY-ST-ZIP MIAMI FL 33174

1.1 TITLE V.P.
1.2 NAME Blanchard, Robert
1.3 STREET ADDRESS 925 S. W. 102 Avenue
1.4 CITY-ST-ZIP Miami, Florida 33174

TITLE T
NAME BLANCHARD, CHARLES
STREET ADDRESS 925 SW 102 AVE.
CITY-ST-ZIP MIAMI FL 33174

2.1 TITLE Operations Manager
2.2 NAME Francina Blanchard
2.3 STREET ADDRESS 925 S. W. 102 Avenue
2.4 CITY-ST-ZIP Miami, Florida 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Charles Blanchard Charles Blanchard Tres. 4-27-97 305-953-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)