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SIGNATURE:

Jun 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthm Secretary of State **ANNUAL REPORT** Secretary of Sta 1997 DIVISION OF CORPORTIONS DOCUMENT # P95000024134 (5) MBI'S THEFT DETERRENT SYSTEM MARKETING, FLORIDA. INC. Principal Place of Business Mailing Address 1415 SOUTH STATE ROAD 15A 1415 SOUTH STATE ROAD 15A DELAND FL 32720 **DELAND FL 32720-7771** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995 FEI Number 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3316648 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Courtry 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GROGAN, JAMES J 1415 SOUTH STATE ROAD 15A Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32720** Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a ove-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 authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stat by the corporation's board of directors. I hereby accept the appointment as registered Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition TITLE DELETE 1.1 7 Change GROGAN, JAMES J 1.2 N R2E034 STREET ADORESS 1415 SOUTH STATE ROAD 15A 1.3 S F) ADDRESS CITY-ST-ZIP DELAND FL 32720 ST-ZIP DELETE Change Addition TITLE 21 2.2 h STREET ADDRESS T ADDRESS 2.3 \$ CITY-ST-ZIP 2.4 -ST-71P DELETE Change Addition TITLE 311 32 N STREET ADDRESS 3.3 5 ADDRESS CITY-ST-ZIP 3.4 ST-7P DELETE Change Addition 4.1 TITLE NAME STREET ADDRESS 4.3 ADDRESS CITY-ST-ZIP 3T - ZIP DELETE Change ☐ Addition TITLE 5.1 NAME 5.2 N STREET ADDRESS 5.3 S ADDRESS CITY-ST-ZIP SI-ZIP DELETE Addition TITLE 61 T NAME 6.2 NA STREET ADDRESS 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 path; that I am an officer or director of the conversion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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