

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P95000027109 (4)

1. Corporation Name

SPARTAN SECURITY SERVICES, INC.

Principal Place of Business

8441 W. 24TH AVENUE #75
MIAMI FL 33016

Mailing Address

4483 NW 36TH ST.
207
MIAMI SPRINGS FL 33166-7260



2. Principal Place of Business

21

Suite, Apt. #, etc.

8022 N.W. 66TH STREET

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

2a. Mailing Address

26

Suite, Apt. #, etc.

8022 N.W. 66TH STREET

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0597910

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

* (CASA) JOSE EFRAIN A

8960 NW 8TH ST. #314
MIAMI FL 33172

* (CASA) JOSE EFRAIN

8960 N.W. 8th. # 314
MIAMI, FL. 33172

* CORRECTION

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CASANOVA, JOSE E
STREET ADDRESS 8960 NW 8TH ST #314
CITY-ST-ZIP MIAMI FL 33172

TITLE V ☐ DELETE

NAME CASANOVA, EFRAIN J
STREET ADDRESS 8960 NW 8TH ST #314
CITY-ST-ZIP MIAMI FL 33172

TITLE S ☒ DELETE

NAME CASANOVA, RUTH B
STREET ADDRESS 8960 NW 8TH ST #314
CITY-ST-ZIP MIAMI FL 33172

TITLE T ☐ DELETE

NAME CASANOVA, JOSE E
STREET ADDRESS 8960 NW 8TH ST #314
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☒ DELETE

NAME RICHARDS, PATRICIA A
STREET ADDRESS 15845 SW 143 PATH
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☒ DELETE

NAME CASANOVA, RUTH J
STREET ADDRESS 8960 NW 8TH ST #314
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME RICHARDS, PATRICIA A.
13 STREET ADDRESS 15845 S.W. 143 PATH
14 CITY-ST-ZIP MIAMI, FL. 33177

21 TITLE V ☒ Change ☐ Addition

22 NAME CASANOVA, JOSE E.
23 STREET ADDRESS 8960 N.W. 8th. # 314
24 CITY-ST-ZIP MIAMI, FL. 33172

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE T ☒ Change ☐ Addition

42 NAME OSBORNE, WOOLY MAY
43 STREET ADDRESS 9159 S.W. 77 AVE. # 208
44 CITY-ST-ZIP MIAMI, FL. 33156

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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)(r), 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

[Signature]

CR2E034 (9/96)