SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000030801 (1)**

1. Corporation Name
SECURITY CONCEPTS INC.

Principal Place of Business
1327 N.W. 127TH DR.
SUNRISE FL 33323

Mailing Address
~~1327 N.W. 127TH DR.~~
~~SUNRISE FL 33323~~

2. Principal Place of Business
21 13249 NW12 CT
Suite, Apt #, etc.
22 N/A
City & State
23 SUNRISE FL
Zip 24 33323 Country 25

2a. Mailing Address
26 ~~P.O. Box 451498~~ 13249 NW12 CT
Suite, Apt #, etc.
27
City & State
28 Sunrise, FL.
Zip 29 33323 Country 30

3. Date Incorporated or Qualified: 04/14/1995
3a. Date of Last Report:
4. FEI Number: 65-0578787 — 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
WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

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 X — Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — X — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMACHO, CHARLES
STREET ADDRESS	~~1327 N.W. 127TH DR.~~ ~~P.O. Box 451498~~ 13249 NW12 CT
CITY-ST-ZIP	~~SUNRISE FL 33323~~ Sunrise, 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	700001927697
6.2 NAME	-08/20/96--01173--002
6.3 STREET ADDRESS	***225.00
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — X 8/16/96 — Date — X (954) 341-9800 — Daytime Phone #

CS 8/20/96