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May 08 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 # P95000037759 (4)

1. Corporation Name  
ACCURATE SECURITY & INVESTIGATIONS, INC.



Principal Place of Business  
3 SOUTH BERMUDA AVENUE  
SUITE 3  
KISSIMMEE FL 34741

Mailing Address  
3 SOUTH BERMUDA AVENUE  
SUITE 3  
KISSIMMEE FL 34741-3613

3. Date Incorporated or Qualified  
05/12/1995

3a. Date of Last Report  
08/05/1996

2. Principal Place of Business  
21 1000 EMMETT ST.  
Suite, Apt. #, etc.  
22 SUITE 201  
City & State  
23 KISSIMMEE, FLORIDA  
Zip  
24 34741  
Country  
25 USA

2a. Mailing Address  
26 1000 EMMETT ST.  
Suite, Apt. #, etc.  
27 SUITE 201  
City & State  
28 KISSIMMEE, FLORIDA  
Zip  
29 34741  
Country  
30 USA

4. FEI Number  
59-3319464

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
HORBELT, JOHN  
~~3 SOUTH BERMUDA AVENUE~~  
~~SUITE 8~~  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent  
81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
1000 EMMETT ST.  
83 SUITE 201  
84 City KISSIMMEE FL 85 Zip Code 34741

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HORBELT, JOHN	
STREET ADDRESS	<del>3 SOUTH BERMUDA AVE. SUITE 8</del>	
CITY - ST - ZIP	<del>KISSIMMEE FL 34741</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARKE, RAY A	
STREET ADDRESS	3 SOUTH BERMUDA AVE. SUITE 3	
CITY - ST - ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1000 EMMETT ST., SUITE 201
1.4 CITY - ST - ZIP	KISSIMMEE, FL 34741
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROL HORBELT
2.3 STREET ADDRESS	1000 EMMETT ST., SUITE 201
2.4 CITY - ST - ZIP	KISSIMMEE, FL 34741
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE: CAROL HORBELT 4/30/97 847-5453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)