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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF COMPORATIONS

1996

DOCUMENT # P95000042515 (3)
1. Corporation Name

CORPORATE SECURITY ACADEMY, INC.

Mailing Address



10870 NW 29 COURT SUNRISE FL 33322	10870 NW 29 COURT SUNRISE FL 33322			
			3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
MAKE West Deskind F	K HW 26 10870 D.W	29 crt.	65-0584475	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State Ft. brunderdale, FL	City & State	て 、	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
2ip Country 33311 25 8504	29 33322 30	Country	8. This corporation has liability for ii Florida Statutes Yes	□No
g. Name and Address of	of Current Registered Agent		10. Name and Address of New R	egistered Agent
,		81 Name	1/1	
LARMER, MARTHA L 10870 NW 29 COURT			ress (P.O. Box Number is Not/Accres to	le)
Sunrise FL 33322		83	// // //	
•		84 City		FL 85 Zip Code
. Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statutes, the	he above named corpo	ration submits this statement for the pur	pose of changing its registered offi nintment as registered agent. I am
familiar with, and port the obligation	607.0502 and 607.1508, Florida Statutes, ti te of Florida, Such change was authorized b is of Section 607.0505, Florida Statutes.	y the corporation's box	and brighted the day account the appropriate	1 -401
GNATURE // Kutting 7	y harmen			03/25/96
Signature, bried or printed name of reg	* \	geolegical Agenit signature require	a where restating: ADDITIONS/CHANGES TO OFF	DALE
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
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	P. Treame. Doctor	1 1 TITLE 1	4000017	737 5 049e 🗌 Addition
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ME Martha U	ea varmer 29 court	1.2 NAME 1.3 STREFT ADDRESS	400017 -04/09/96010 ***200.00	laier -
THEEL ADDRESS COSTO HOLDS. TY-SI-ZIP SUNYIS-P.	ea varmer 29 court FL 33311	1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY: ST-ZIP	-04/09/96010	063027
ME Wartha Uniter Address 19870 1940. IY-ST-ZIP SUNYSE, I	ea varmer 29 court	1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE	-04/09/96010	laier -
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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 unde 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

MATHE AND TYPED OR PRINTED NAME OF HIGH NO OFFICER OF DIRECTOR

03/25/96 (954)572-0204