

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000048166 (9)**

1. Corporation Name
GB SECURITY, INC.

Principal Place of Business
**124 WEST YORK COURT
LONGWOOD FL 32779**

Mailing Address
**124 WEST YORK COURT
LONGWOOD FL 32779-4636**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/21/1995	3a. Date of Last Report 06/25/1996
4. FEI Number 59-3328281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENDER, ROBERT L
124 WEST YORK COURT
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City
FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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	PO	<input type="checkbox"/> DELETE
NAME	BENDER, ROBERT L	
STREET ADDRESS	124 WEST YORK COURT	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	BENDER, GEORGINNA K	
STREET ADDRESS	124 WEST YORK COURT	
CITY - ST - ZIP	LONGWOOD FL 32779	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	
2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	
2.4	
3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	
3.4	
4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	
4.4	
5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	
5.4	
6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	
6.4	

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

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CR2E034 (9/96)