## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000057897 (7)

## FILED Sep 18 1997 8:00am Secretary of State

HOME S	SECURITY USA INC.	`,	÷		
Principal Place	e of Business	Mailing Address		J SERESONAN IND IDIEN BANKO BONIL ORINI G	81/1 09/81 81/11 (606) 181/8 181/1 1844 (80)
1690 NE 205 TERR 1690 NE 205 TERR MIAMI FL 33179 MIAMI FL 33179				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				07/26/1995	09/17/1996
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0595810	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Cermicate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	<u></u>	Trust Fund Contribution	Added to Fees
Zip	Country	Z)p	Country	8. This corporation owes or has p	
24	25 9. Name and Address of Cur		30	Personal Property Tax due June 10. Name and Address of New Re	
114		ieur uañistaian Wâeur	81 Name	10. Hame and Address of New Ki	aRistatan Whairr
	INBERG, OSCAR		l Hame		
1690 NE 205TH TERRACE			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
MIA	MI FL 33179		83		
			63		
			84 City		FL 85 Zip Code
dd Oursuppt	to the proviolent of Continue 607.	2600 and 607 1609. Elevida Statuto	s the shows named as	rporation submits this statement for the	
office or ri agent. I ai	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was au digations of, Section 607.0505, Flor	uthorized by the corporation Statutes.	ation's board of directors. I hereby acce	opt the appointment as registered
SIGNATURE	Signature, typed or profed name of registered	agent and life if applicable (NOTE	Registered Agent signature req	ured when reinstaling)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WEINBERG, OSCAR		1.2 NAME		
STREET ADDRESS	1890 NE 205 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS	·	
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Acdition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The state	5.4 CITY - ST - ZIP		Choose Carrier
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		D. H. Marketo Idea	6.4 CITY-ST-ZIP	nd in Posting 119 07/97/1) Florida Statut	and I further eastifu that the

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 is supplied annual report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the officiality or the receiver a 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 appears.

OSCHE WEIGHTEEN RELIGIOUS.