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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000062960 (6)

1. Corporation Name

SECURITY ENFORCEMENT SERVICES, INC.

Mailing Address Principal Place of Business 5323 MYRICA ROAD 5323 MYRICA ROAD ORLANDO FL 32810 ORLANDO FL 32810 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 33255 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Ζıp Country Zio Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DALIMEN, BRUCE G 82 5323 MYRICA ROAD 83 ORLANDO FL 32810 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or purited name of registered agent and like if applicable (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1. 1 TITLE PRESIDENT TITLE CR2E034 BRUCE G. DAUMEN 1.2 NAME NAME 801 SUTTER LOOP 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD, FLORIDA 32750 1.4 CITY - ST - ZIP City-St-ZiP ☐ Addition [] Change DELETE 2. 1 TOLE TITLE VICE - PRESIDENT RICKEY HEATH 5323 MYRICA RO. 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS ORLANDO, FLORIDA 2 4 CITY - \$1 - ZiP CHTY-ST-ZIP Change Change Addition 3 1 THLE . . TITLE NAME 3 3. STREET ADDRESS STREET ADDRESS

CITY-S1-ZIP

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 11Q.07(3)(k). Florida Statutes. I further certify that the information yndicated 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 cath; that I am an officer of director of the corporation or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 5 (c) 13 if changed, or or an attachment with an address.

3.4 C+1Y - S1 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 C(1) - ST-Z(P

4 1 TITLE

5. 1 TITLE

5.2 NAME

6. 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

SIGNITURE AND THEED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

DELETE

407-830-

Change

100001839361

<u>-05/24/96--01110--016</u>

***200.00

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