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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000062960 (6)

SECURITY ENFORCEMENT SERVICES, INC.

5323 MYRICA ROAD	5323 MYRICA ROAD
Principal Place of Business	Mailing Address

## **FILED** Apr 29 1997 8:00am Secretary of State



ORLANDO FL S	2810	ORLANDO FL 32810-1719	)					
				3. Date Incorporated or Qualified 08/15/1995	3a. Date of Last Report 05/01/1996			
	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
Sulte, Apt.	# etc.				59-3325576			lot Applicable Additional
22	., •	27			5. Certificate of Status Desired			Regulred
City & State	3	City & State			Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Count	У	8. This corporation has liability for i			s. 199.032,
24	25	29	30		Florida Statutes  10. Name and Address of New Reg	Yes [		
DALL	9. Name and Address of Currer MEN, BRUCE G	nt Hegistered Agent	<sub>B</sub>	Name	10. Name and Address of New Re	gistered A	igent .	
5323	MEN, DNOCE G MYRICA ROAD							
	ANDO FL 32810		8:	Street A	ddress (P.O. Box Number is Not Acceptab	ıle)		
			8:	3				
			8-	City			85 Zip	Code
				'	orporation submits this statement for the p oration's board of directors. I hereby accep	FL	'	
	Signature, typed or printed name of registered ag			gent signature re	equired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change	
TITLE NAME	DAUMEN, BRUCE G	בן טנננונ	1.1 TO LE 1.2 NAME				Change	E) AUGITO
STREET ADDRESS	801 SUTTER LOOP			T ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-	T .				
TITLE	V	DELETÉ	2.1 TITLE				Change	Additio
NAME	HEATH, RICKEY		2.2 NAME					
STREET ADDRESS	5323 MYRICA RD. ORLANDO FL 32810		1	1 ADDRESS		5.8-		
CITY-ST-ZIP TITLE	OUDGIDO LE 35010	DELETE	2. 4 CITY 3.1 TITLE	-S1-ZIP			Change	Addition
NAME		veech	3.2 NAMI	ļ			Unionige In.,	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY	- ST - <i>2</i> (P				
TITLE		☐ DELETE	4.1 TITLE	-			Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS			li li	T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-	31-7 F		/	Change	Additio
NAME			5 2 NAME				-	
STREET ADDRESS			5.3 STRE	1 ADDRESS				
CITY-ST-ZIP			5.4 C(TY	S1 - ZIP				·
TITLE		DELETE	6.1 TITLE	1			☐ Change	Addilio
NAME			G.2 NAME					
STREET ADDRESS	<b>V</b>			T AODRESS				
CITY-ST-ZIP	u partly that the Information cumplic	duith this files does not a re	6.4 C(1Y-		ated in Paction 110 07/3V(i) Florida Statuto	a I fuelbar	contifu the	t the

Too 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.