SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067874 (4)

1. Corporation Name

FINGERHUT INTERNATIONAL SECURITY, INC.

Principal Place of Business	Mailing Address
707 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409	707 CHILLINGWORTH DRIVE WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified: 09/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 480 EXEC. CTR. DR
Suite, Apt. #, etc
27 #2K
City & State
28 WEST PALM BCH FL
Zip 29 33401 Country 30 USA

4. FEI Number: 65-0600826 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

FANNIN, GLENN K
1137 WEST 48TH STREET
MANGONIA PARK FL 33407

10. **Name and Address of New Registered Agent**

81 Name: Julie Kanoski
82 Street Address (P.O. Box Number is Not Acceptable): 1011 E-3 Green Pine Blvd.
83
84 City: WPB FL 85 Zip Code: 33409

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: *Julie Kanoski* PRINT NAME: Julie Kanoski 7-1-96
Signature of registered agent (registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	FINGERHUT, KEITH R		1.2 NAME	FINGERHUT, KEITH
STREET ADDRESS	480 EXECUTIVE CENTER DR. #2K		1.3 STREET ADDRESS	480 EXECUTIVE CENTER DR. #2K
CITY - ST - ZIP	WEST PALM BEACH FL 33401		1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	P	☑ DELETE	2.1 TITLE	~~SECRETARY~~ ☐ Change ~~☑~~ Addition
NAME	~~FANNIN, GLENN K~~		2.2 NAME	~~HOLLACE HOROWITZ FINGERHUT~~
STREET ADDRESS	~~1137 WEST 48TH STREET~~		2.3 STREET ADDRESS	~~480 EXECUTIVE CENTER DR #2K~~
CITY - ST - ZIP	~~MANGONIA PARK FL 33407~~		2.4 CITY - ST - ZIP	~~WEST PALM BCH, FL 33401~~
TITLE		☐ DELETE	3.1 TITLE	SECRETARY ☐ Change ☑ Addition
NAME			3.2 NAME	FINGERHUT, HOLLACE HOROWITZ
STREET ADDRESS			3.3 STREET ADDRESS	480 EXECUTIVE CENTER DR. #2K
CITY - ST - ZIP			3.4 CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
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			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[signature]* KEITH R. FINGERHUT 6/30/96 561-689-4790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #