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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # P95000	085195 (2))			
TAK SEC	CURITY CORP.				I I varkati me ipidi birh boki bark bark)
Principal Place of Business Mading Address						
P O BOX 2541 MIAMI FL 3305		P O BOX 2541 MIAMI FL 33055				
					3. Date Incorporated or Qual fied 11/02/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Maling Address			4. FELNumber	Applied For
21 1.045	1	26		65-06300	Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional Fee Required	
City & State	MI FLORIDA	City & State		6. Election Campaign Financing	\$5.00 May Be	
23] ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		28			Trust Fund Contribution	Added to Fees
24 B316	Country	Zip Country 30		This corporation has liability for Florida Statutes	intangible tax under s 199 032 1 Yes 🗍 No	
	9. Name and Address of Current	- L	1001		10. Name and Address of New Re	<u>, 🗀</u>
OGE	EDEGBE, AISABODION L			B1 Name	3	
14611 SW 156 AVE MIAMI FL 33196			ļ	82 Street	et Address (P.O. Box Number is Not Acceptable)	
			}	83		
			Ì	04 64		les l 2 code
				84 City		FL 85 Zip Code
office or re	o the provisions of Sections 607.050? gistered agent, or both, in the State on Infamiliar with, and accept the obligat	f Florida. Such change was	authorized	by the corp	l corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	any title it ar nie abio // // // // // // // // // // // // //	V.E. Biomstered	Acent signal in	re required when reinstalling)	()AIL
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1 1 117		OLEDEUSE AISABODIC	~【 Change [_] Addition
NAME OGEDEGBE, AISABODION L			1.2 NA		14611 SW 156 AVE,	
STREET ADDRESS 18201 NW 37 AVE CITY-ST-ZIP MIAMI FL 33058			1.3 STREET ADDRESS		MIAMI 172 33196	
TITLE	MINISTER L SOCIO	DELETE	2110			Change Acdibon
NAME			2.2 NAME			
STREET ADDRESS				REET ADORESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CHY - ST - 20F 3 1 TITLE			Change Addition
NAME	Second 1		3 2 NA			
STREET ADDRESS			3 3 5 1	REET ADDRESS		
CITY-ST-ZIP				TY-ST ZIF		·
TITLE NAME			4 1 1 1			Change Addition
STREET ADDRESS			4 2 N/ 4 3 St	ree (adoress		
CITY-ST-ZIP				Y-SI-ZIP		
TITLE		DELETE 51		LF		Change Addition
NAME			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS		
TITLE			5 4 UI	Y-\$1-7₽ LE		Change Addition
NAME		—	6 2 NA	ME		- -
STREET ADDRESS			6351	REET ADDRESS		
CITY-ST-ZIP	v certify that the information supplied	with this filma is voluntarily		Y-ST-ZIP	ot qualify for the exemption stated in Section	119.07/3\/k\ Fiorida Statutos 1
further cer	ly certify that the information supplied tily that the information indicated on t	his annual report or suppler	rarnisneu al nental annu	at coes no at report is	st quality for the exemption stated in Section I true and accurate and that hiv signature sha	i τ⊇ στ(α)(κ), riighted δtalules. I ill 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: AL OGENERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AISABODION LANGULE CHENTUE