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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000089894 (6)

DOCUMENT #

1. Corporation Name

SECURITY ZONE, INC.

FILED May 01 1996 8:00 am Secretary of State

	ANA N IMPREDEITY DOINE					
1814 N UNIVERSITY DRIVE PLANTATION FL 33322	1814 N UNIVERSITY DRIVE PLANTATION FL 33322					
			Date Incorporated or Qualified 11/21/1995	3a. Date of Last	Report	
District Discount	2a. Mailing Address		4 EEI Number		Applied For	
Principal Place of Business	AUSTUHAS 3200 NE 1	4st. Causew	w 65-0623025		Not Applicable	
3200 Y - E 14 St. U Suite Apl. #, etc.	Suite, Apt #, etc.	121 12100100	5. Certificate of Status Desired	1 1 7 - 1	75 Additional e Required	
POMPANO BEACH	City & State F1 28 Smpan Beg	ch.FL	Election Campaign Financing Trust Fund Contribution	L Ado	.00 May Be	
Zip Country U	5A 29 33062 3	29 33062 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No. 10. Name and Address of New Registered Agent.		
g. Name and Address of	Current Registered Agent			egistered Agent		
		81 Name K	Pobert Odierna	lr		
KOZLOWSKI, MYLIN		82 Street Add	gress (P.C. Box Millitor is No. No. Post	nle)		
1814 N UNIVERSITY DRIVE		2100	n.E. 1400ST CHO.	secon !		
PLANTATION FL 33322		83				
		84 City (Donal	FL 85	Zip Code 33 <i>0</i> ω\-	
		10	MPWO BEACH	roose of changing i	ts registered o	
1. Pursuant to the provisions of Sections 6	507,0502 and 607,1508, Florida Statutes, e of Florida Such change was authorized of Southing 607,0505, Florida Statutes	the above-named corp by the corporation's bo	oration summits this statement for the po- bard of directors. Thereby accept the app	ointment as registe	red agent I an	
or registered agent, or both, in the State familiar with, and accept the obligations	of Section 607,0505 Florida Statutes		•			
~ ~~~	Robert	Odiema J	(4, <u> </u>	4/30/90	-	
	there layed and the displease that the	Hi quate and Agent's goat are tento	ADDITIONS/CHANGES TO OF	DOERS AND DIREC	TORS IN 12	
. OFFIC	ERS AND DIRECTORS	13.				
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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 advantage 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR