

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000004159 (5)

1. Corporation Name

ORLANDO SURVEILLANCE AGENCY, INC.

Principal Place of Business

214 GREENWICH ST  
DAVENPORT FL 33837

Mailing Address

214 GREENWICH ST  
DAVENPORT FL 33837-8889



3. Date Incorporated or Qualified

01/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3360700

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

10. Name and Address of New Registered Agent

MUSSMAN, JAY D  
5881 NW 151 ST, #101  
MIAMI LAKES FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (Type or print name of 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                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | GAMBRELL, JEANNE   |  |
| STREET ADDRESS | 214 GREENWICH ST   |  |
| CITY- ST- ZIP  | DAVENPORT FL 33837 |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY- ST- ZIP  |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY- ST- ZIP  |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY- ST- ZIP  |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY- ST- ZIP  |                    |  |

|                    |                          |   |
|--------------------|--------------------------|---|
| 1.1 TITLE          | P/V/T/S                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | ALLEN L. ELLISON         |   |
| 1.3 STREET ADDRESS | 214 GREENWICH ST         |   |
| 1.4 CITY- ST- ZIP  | DAVENPORT, FL 33837-8889 |   |
| 2.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME           |                          |   |
| 2.3 STREET ADDRESS |                          |   |
| 2.4 CITY- ST- ZIP  |                          |   |
| 3.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME           |                          |   |
| 3.3 STREET ADDRESS |                          |   |
| 3.4 CITY- ST- ZIP  |                          |   |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |                          |   |
| 4.3 STREET ADDRESS |                          |   |
| 4.4 CITY- ST- ZIP  |                          |   |
| 5.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                          |   |
| 5.3 STREET ADDRESS |                          |   |
| 5.4 CITY- ST- ZIP  |                          |   |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                          |   |
| 6.3 STREET ADDRESS |                          |   |
| 6.4 CITY- ST- ZIP  |                          |   |

14. I do 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.

SIGNATURE:

ALLEN L. ELLISON

4-15-97 941-420 0192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0393510

CR2E034 (9/96)