

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

**FILED**

**Apr 16 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 # P96000004456 (5)**

1. Corporation Name  
**PANISSA SECURITY, INC.**



Principal Place of Business: **1225 NORTHWEST 187 STREET MIAMI FL 33169**  
Mailing Address: **1225 NORTHWEST 187 STREET MIAMI FL 33169-3436**

3. Date Incorporated or Qualified: **01/12/1996**  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 16499 NE 19th Avenue	26 16499 NE 19th Avenue	65-0651372	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 110	27 110	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input checked="" type="checkbox"/>	
23 N. MIAMI BEACH, FL	28 N. MIAMI BEACH, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Country	<input type="checkbox"/>	
24 33162 25 USA	29 33162 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	81 Name: <b>FULBERT F. NORD</b> 82 Street Address (P.O. Box Number is Not Acceptable): <b>16499 NW 19th AVENUE</b> 83 <b>SUITE 110</b> 84 City: <b>N. MIAMI BEACH</b> FL 85 Zip Code: <b>33162</b>

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: *Fulbert F. Nord* **FULBERT F. NORD, President** **03/31/97**  
Signature typed or printed 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORD, FULBERT F</b>	1.2 NAME	<b>P/S/T</b>
STREET ADDRESS	<b>1225 NORTHWEST 187 STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33169</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 supplementary 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, in an attachment with address.

SIGNATURE: *Fulbert F. Nord* **FULBERT F. NORD, President** **03/31/97**  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)