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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000011518 (3)

1. Corporation Name

BEST SECURITY INSTALLATIONS, INC.

FILED

97 JUN 20 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
~~1030 NORTH ORANGE AVE., SUITE 104~~  
~~ORLANDO FL 32801~~  
~~4000 NORTH ORANGE AVE., SUITE 104~~  
~~ORLANDO FL 32801-1000~~

2. Principal Place of Business 2a. Mailing Address  
21 1030 North Orange Ave 26 1030 N. Orange Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 104 27 Suite 104  
City & State City & State  
23 Orlando, Florida 28 Orlando, FL  
Zip Country Zip Country  
24 32801 25 USA 29 32801 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
02/01/1996  
4. FEI Number Applied For  
59-3362410 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  
THARP, PHILIP A  
1030 NORTH ORANGE AVE., SUITE 104  
ORLANDO FL 32801  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

13. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE D ☒ DELETE  
NAME THARP, PHILIP A  
STREET ADDRESS 1030 NORTH ORANGE AVE., SUITE 104  
CITY-ST-ZIP ORLANDO FL 32801  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1.1 TITLE D  
1.2 NAME THARP, PHILIP A  
1.3 STREET ADDRESS 1030 N. Orange Ave, Suite 104  
1.4 CITY-ST-ZIP ORLANDO FL 32801  
2.1 TITLE P  
2.2 NAME Karybolt  
2.3 STREET ADDRESS 1030 N. Orange Ave, Suite 104  
2.4 CITY-ST-ZIP Orlando FL 32801  
3.1 TITLE S/T  
3.2 NAME Lisa Quinones  
3.3 STREET ADDRESS 1030 N. Orange Ave, Suite 104  
3.4 CITY-ST-ZIP Orlando FL 32801  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: SIGNATURE OF REGISTERED AGENT 4/20/97 4/20/97

CR2E034 (9/96)