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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041341 (4)

SECURITY PLUS OF PINELLAS INC.

## FILED Apr 23 1997 8:00am Secretary of State

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Proping Plan	es of Duninge	Mailing Address					
Principal Place of Business 31473 US 19N		31473 US 19N					
PALM HARBOR FL 34684		PALM HARBOR FL 34684					
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/09/1996	
<u>.</u>	Pace of Business	2a. Mailing Address				4. FE! Number 23 99 314 Applied For	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			<del></del>	Not Applicable  Secretificate of Citate Desired  Secretificate Of	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Col	untry	, .	B. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		·	Florida Statutes Yes No	
NHA.	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
31473 US 19N PALM HARBOR FL 34884			L				
			82 Street		Street Addr	Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	RIS Zip Code	
						FL   "   `	
office or	t to the provisions his sections 60,409 registered agent, or both, in the stati	uz and 607.1508, Florida Statu e of Florida. Such change vias	ites, the a authorize	d by	∍-⊓amed corp y the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent 1	am familiar with, and accept the oblic	pations of, Section 607.0508 F	torida Sta	tutes	ŝ.	• • • • • • •	
SIGNATURE	Signature, typed of pinted harm of epistered as	7 1 1 0 V 1 V	•	ed Age	ent signature requir	(red when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	D	☐ DELETE	1.1 T	ITLE		Change Addition	
NAME	NIKJEH, FARHOD M		1.2 N	AME			
STREET ADDRESS			1.3.5	TREET	ADDRESS		
CITY - 51 - ZIP	PALM HARBOR FL 34684			******	ST-21P		
TITLE	D ADDOLAN ALL C	DELETE	217			Change L Addition	
NAME	JADIDIAN, ALI S 31473 US 19N		22 N				
STREET ADDRESS	PALM HARBOR FL 34684				T ADDRESS		
CITY - ST - ZIF	PALM FIANDUR FL 34004	DELETE			ST-ZIP	Change Addition	
TITLE		L., FOLLER	3.1 T			C. Change C. Addition	
NAME PROPERT ADDRESS:			3.2 N		ADDDCCC		
STREET ADDRESS		Ü	>		ADDRESS		
CHY-SI-ZIP THLE		☐ DELETE	3.4. I		ST-ZIP	Change Addition	
NAME		-	1	NAME			
STREET ADDRESS					TADDRESS		
CHY-ST-ZIP					ST-ZIP		
THILF		DELETE	5.1 7		<u></u>	Change Additio	
NAME	J		521	VAME			
STREET ADDRESS			5.3 S	TREET	T ADDRESS		
CITY-ST-7(F)					ST-ZIP		
1 TLF		DELETE	61 T			Change Additio	
NAME			62 N	IAME			
STREET ADDRESS	; [		6.3 \$	STREET	T ADDRESS		
CITY - ST - ZIP	1		6.40	CITY-5	ST-ZIP		
	eby certify that the information suppli	ed with this bling does not gue				d in Section 119.07(3)(i), Florida Statutes. I further certify that the	

I can be any unative meaning one and meaning does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. 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 entanged, or on an attachment with all address.

SIGNATURE

ATURE AND TYPEO OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

4/17/97

Daytime Phone #