

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

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000046341 (9)

1. Corporation Name
FIRST SECURITY PATROL COMPANY

Principal Place of Business
285 NW 27 AVE., STE. 19
MIAMI FL 33125

Mailing Address
285 NW 27 AVE., STE. 19
MIAMI FL 33125-5119



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 9. Name and Address of Current Registered Agent

CORDONES, SECUNDINO
285 NW 27 AVE., STE. 19
MIAMI FL 33125

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
05/31/1996

3a. Date of Last Report

4. FEI Number

65-0674814

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

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 required for each change of registered agent and title.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

11 TITLE

NAME
CORDONES, SECUNDINO
STREET ADDRESS
285 NW 27 AVE., STE. 19
CITY- ST- ZIP
MIAMI FL 33125

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

11 TITLE

21 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

11 TITLE

31 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

11 TITLE

41 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

11 TITLE

51 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

11 TITLE

61 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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***165.00

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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)