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Mar 20 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 # P96000055876 (2)

1. Corporation Name
C. LAWRENCE SECURITY, INC.

Principal Place of Business
2780 S OAKLAND FOREST DR. SUITE 1302
OAKLAND PARK FL 33309

Mailing Address
2780 S OAKLAND FOREST DR. SUITE 1302
OAKLAND PARK FL 33309-5633



3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

2. Principal Place of Business
21 3411 NW 9th Ave
22 STE 704
23 OAKLAND PARK
24 33309

2a. Mailing Address
26 3411 NW 9th Ave
27 Ste 704
28 OAKLAND PARK
29 33309

4. FEI Number
65-0677452

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

LAWRENCE, CHARLES P
2780 S OAKLAND FOREST DR. SUITE 1302
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Ste 704
84 City
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 *Charles Lawrence* (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PRES
NAME CHARLES LAWRENCE
STREET ADDRESS 3411 NW 9th Ave Ste 704
CITY-ST-ZIP OAKLAND PARK, FL 33309
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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 unchanged, or on an attachment with an address.

SIGNATURE: *Charles Lawrence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dugstone Phone #

0217621

CR2E034 (9/96)