SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED *pg.1o/2*

97 AUG 20 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000058470 (1)

1. Corporation Name
SUPERVISION CCTV SYSTEMS INC.

Principal Place of Business	Mailing Address
5421 BEAUMONT CENTRE, STE. 600 TAMPA FL 33634	5421 BEAUMONT CENTRE, STE. 600 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/11/1996	

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number **59-3389712** — Applied For / Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIERKS, MILES M
5421 BEAUMONT CENTRE, STE. 600
TAMPA FL 33634

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL	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 _____ 7/15/97
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 **D**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **DIERKS, MILES M**		1.2 NAME	
STREET ADDRESS **4410 GOLF CLUB LANE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **TAMPA FL 33624**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	70000227294?--2
STREET ADDRESS		2.3 STREET ADDRESS	-08/20/97--01119--007
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	O. alaw
CITY-ST-ZIP		5.4 CITY-ST-ZIP	8/20/97
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: _____ MILES M. DIERKS   7/15/97   813
2492288

SUPERVISION
CCTV SYSTEMS, INC.

Surveillance Cameras For Your Business.

7/15/97

To whom it may concern —

    We did not receive our first filing notice. Enclosed is the completed information, with payment.

          Thank You —