

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

**FILED**

**May 02 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 # P96000084103 (6)**

1. Corporation Name  
**CONCOURSE SECURITY SERVICES INC.**



Principal Place of Business  
**1249 SUSSEX DRIVE  
NORTH LAUDERDALE FL 33068**

Mailing Address  
**1249 SUSSEX DRIVE  
NORTH LAUDERDALE FL 33068-5334**

3. Date Incorporated or Qualified **10/07/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address  
**21 1451 W. Cypress Creek Rd** **2a. 1451 W. Cypress Creek Rd**

4. FEI Number **65-0743267** Applied For Not Applicable

**22 SUITE 300** **27 SUITE 300**

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

**23 Fort Lauderdale, FL** **28 Fort Lauderdale, FL**

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

**24 33309** **25 BROWARD** **29 33309** **30 BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LEXIMA, FELIX  
1249 SUSSEX DRIVE  
NORTH LAUDERDALE FL 33068**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>President - D</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Felix Lexima</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>1249 SUSSEX DR. NORTH LAUDERDALE, FL. 33068</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>SECRETARY/TREASURER</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>MARIE CAROLE SERGILE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>8717 SHADOWWOOD # 210 CORAL SPRINGS, FL 33067</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_

CR2E034 (9/96)