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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000087154 (6)

**NU-TECH SECURITY, INC.** 

Principal Place of Business 7165 KOLA TERACE #34 FT MYERS FL 33907		Mailing Address 7165 KOLA TERACE #34 FT MYERS FL 33907		I OODJADDI OID IDIID DIIII BEIKE BURK ODJAH ODIAH OOIII KEADI JEEDI DIKH DIDI JEDI	
				3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report
21 1585			iel Court	4. FEI Number 372585471	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Myers, FI	City & State  28 FT Myers	FI.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip 332°	Country 25 US A  9, Name and Address of Current		Country 30] USA	8. This corporation has liability for in Florida Statutes	Yes 💢 No
	ERT, DONALD J	negistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
7165 KOLA TERRACE #34 FT MYES FL 33907				,	
		83 84 City			<b>■■ 85</b> Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute I Florida Such change was a	s, the above-named corpora	poration submits this statement for the pition's board of directions. I bereby accept	urpose of changing its registered of the appointment as registered
agent. I a SIGNATURE	im familiar with, and accept the obligation of the control of the service special signature, typed or printed name of registered agent.	ext	Amall.	ico wheel roinstating)	1/23-97
12.	OFFICERS AND	N-7 T-41	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TOLE <b>D</b>	/P/S	Change Addition
NAME	GILBERT, DONALD J		1.2 NAME	,	
STREET ADDRESS	7165 KOLA TERRACE #34		1.3 STREET ADORESS		
CITY-ST-ZIP	FT MYERS FL 33907		1.4 C(1Y+ST-ZIP		
TITLE		☐ DELETE	2.1 TOLE		Change Addition
NAME			2.7 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 C(1)Y+S1+2(P		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		L_J OLULE	4.2 NAME		C Change C Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		
TITLE		DELETE	5.1 TITLE	<del> </del>	Change Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELE1E	6.1 TITLE		Change Addition
NAME		<del></del>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-S1-ZIP		
14. I do here	by certify that the information supplied of	with this filing does not qualify	of for the exemption states	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the
informatio	on indicated on this annual report or sur officer or director of the corporation or the	oplemental annual report is tru ne receji er or trustee empe vo	ue and accurate and tha gred to execute this repo	t my signature shall have the same legal rt as required by Chapter 607, Florida S	effect as if made under oath; that tatutes; and that my name

23-97