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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101814 (7)

KEMP SECURITY & INVESTIGATIVE SERVICES INC.

5903 S.W. 21ST STREET 5903 S.W. 21ST STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-3010 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 59-3416035 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199,032 Yes No 24 29 30 Horida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADERINOKUN, ADEOLA C 5903 S.W. 21ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ___ Change ___ Addition ADERINOKUN, ADEOLA C 1.2 NAME 5903 S.W. 21ST STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE President TITLE Change Addition 2.1 TILLE David Faluade NAME 2.2 NAME 5903 SW 21 Street STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1.1ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE Change . Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME

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 charged, or organ attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

CIONATURE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

MAY D

FILED

Jun 18 1997 8:00am

Secretary of State

(96/6)

Change

Addition