

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00


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AND  
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1996 APR 29 PM 2:16

SEC. TREASURY ST. 11  
TALLAHASSEE, FLORIDA



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<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S05072 (1)</b> 1. Corporation Name <b>MOTIVATED SECURITY SERVICES, INC.</b>					
Principal Place of Business <b>1700 UP LAND ROAD WEST PALM BEACH FL 33409 US</b>			Mailing Address <b>1700 UPLAND ROAD WEST PALM BEACH FL 33409 US</b>		
2. Principal Place of Business 21 <b>1700 UPLAND ROAD</b>		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>10/05/1990</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0221344</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KAVANAUGH, DANIEL E. 13314 DEAUVILLE DR. PALM BEACH GARDENS FL 33410</b>			10. Name and Address of New Registered Agent 81 Name <b>CORPORATION SERVICE COMPANY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b> 83 84 City <b>TALLAHASSEE</b> 85 Zip Code <b>FL 32301</b>		
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 <i>Karen B. Rozar</i> It's Agent, Karen B. Rozar April 29, 1996 <small>Signature typed or printed name of registered agent and for filing location (NOTE: Registered Agent's signature required when not filing.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAVANAUGH, DANIEL E. 13314 DEAUVILLE DR. PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT / DIR KATHLEEN M. KAVANAUGH 1700 UPLAND ROAD WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAVANAUGH, KARNCBRIN 1700 UPLAND ROAD WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P. / DIR DANIEL E. KAVANAUGH, III 1700 UPLAND ROAD WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAMY, GERARD E. 19502 TRAILS END TER JUPITER FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP/TREASURER GERARD E. LEAMY 19502 TRAILS END TER JUPITER FL. 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIRECTOR DONALD A. COHEN 5526 AINSLEY CT BOYNTON BEACH FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*James C. Leamy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

407-683-5300

Daytime Phone #

CR2E034 (12/95)