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95 MAY -1 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S14826 (9)**

1. Corporation Name  
**ABSOLUTE SECURITY, INC.**

Principal Place of Business <b>2520 N CR #427 #100 LONGWOOD FL 32750 US</b>	Mailing Address <b>2520 N CR #427 #100 LONGWOOD FL 32750 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/14/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3040441</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suits, Apt. #, etc. <b>22</b>	Suits, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

~~HOFFMANN~~ **KENNETH L.  
503 MOCKINGBIRD CT.  
LAKE MARY FL 32748**

10. Name and Address of New Registered Agent


B1 Name <b>CORRECT SPELLING OF NAME TO HOFFMANN</b>
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City <b>FL</b>
B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>HOFFMANN, KENNETH L.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>503 MOCKINGBIRD CT.</b>	CITY-ST-ZIP <b>LAKE MARY FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>DST</b>	NAME <b>HOFFMANN, GLORIA J.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>503 MOCKINGBIRD CT.</b>	CITY-ST-ZIP <b>LAKE MARY FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <del>HOFFMAN</del> <b>JOLIE M</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>503 MOCKING BIRD COURT</b>	CITY-ST-ZIP <b>LAKE MARY FL</b>	3.2 NAME	<b>CORRECT SPELLING OF NAME TO HOFFMANN</b>
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>DVP</b>	NAME <del>TOURNOUR, RICHARD M.</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <del>40 GOSHALL CT.</del>	CITY-ST-ZIP <del>LAKE MARY FL</del>	4.2 NAME	<b>DELETE RICHARD TOURNOUR</b>
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>CRONK, JERRY</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>980 MONTGOMERY, APT. 106</b>	CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	5.2 NAME	<b>CRONK, JERRY</b>
		5.3 STREET ADDRESS	<b>980 MONTGOMERY, APT. 106</b>
		5.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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)(b), 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:  **KENNETH L. HOFFMANN, PRESIDENT** 4/26/95 (407) 830-9999