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Apr 04 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 # S17057 (8)

1. Corporation Name

CORPORATE SECURITY MANAGEMENT, INC.

Principal Place of Business

926 GREAT POND DR.
STE 1004
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

35624 KINGS LANE
EUSTIS FL 32736-9036
US



3. Date Incorporated or Qualified 11/27/1990
3a. Date of Last Report 05/01/1996

4. FEI Number 59-3038932
Applied For Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STEWART, GENE
35624 KINGS LANE
EUSTIS FL 32728

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 *[Signature]* CHAIRMAN *[Signature]* DATE Mar 26, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, EUGENE G.	1.2 NAME	
STREET ADDRESS	35624 KINGS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32728	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTAWAY, DANE P.	2.2 NAME	
STREET ADDRESS	4037 LAUGHLIN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798-1108	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, BRET T	3.2 NAME	
STREET ADDRESS	1726 SINGING PALM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, BEVERLY	4.2 NAME	
STREET ADDRESS	214 COTTESMORE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, HERMAN B	5.2 NAME	
STREET ADDRESS	2516 S. CONWAY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		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: *[Signature]* DATE: Mar 26, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)