

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S32305** (2)

1. Corporation Name

**FLORIDA STATE FIRE & SECURITY, INC.**



Principal Place of Business

3921 S.W. 47TH AVENUE  
SUITE 1004  
DAVIE FL 33314

Mailing Address

3921 S.W. 47TH AVENUE  
SUITE 1004  
DAVIE FL 33314

3. Date Incorporated or Qualified <b>02/14/1991</b>	3a. Date of Last Report <b>08/08/1995</b>
4. FEI Number <b>65-0247770</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LANGBERG, TERRY**  
3921 S.W. 47TH AVENUE  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name <i>Don Langberg</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>3921 S.W. 47th Ave</i>
83 City <i>Hollywood</i>
84 City <i>Hollywood DAVIE</i>
85 Zip Code <i>33314</i>

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 *Don Langberg* Director/President DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WOLK, STEVE</b>	
STREET ADDRESS <b>11041 N.W. 21ST</b>	
CITY - ST - ZIP <b>PEMBROKE PINES FL 33026</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LANGBERG, TERRY</b>	
STREET ADDRESS <b>3921 S.W. 47TH AVENUE</b>	
CITY - ST - ZIP <b>DAVIE FL 33314</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <i>Don Langberg</i>	
1.3 STREET ADDRESS <i>3921 S.W. 47th Ave</i>	
1.4 CITY - ST - ZIP <i>DAVIE FL 33314</i>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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)(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: *Don Langberg* 2-2 954 791-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)