FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:12

DOCUMENT # S84580 (7)

1. Corporation Name
BAY AREA SECURITY, INC.

Principal Place of Business	Mailing Address
600 BYPASS DRIVE SUITE 116 CLEARWATER FL 34624 US	600 BYPASS DRIVE SUITE 116 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 600 Bypass Drive/	26 Same
Suite, Apt. #, etc 22 Suite 116	Suite, Apt. #, etc 27 Same
City & State 23 Clearwater, FL	City & State 28 Same
Zip 24 34624 Country 25 Pinellas	Zip 29 34624 Country 30 Pinellas

4. FEI Number: 59-3098283 ☐ Applied For ☐ Not Applicable

5. 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSTROW, GARY S ESQ.
3000 NE 30TH PLACE, SUITE 301
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: Same
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: Same
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	OSTROW, ROBERT	12 NAME	None
STREET ADDRESS	774 BELTED KINGFISHER DRIVE N	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	FRANKS, CHARLES M	22 NAME	None
STREET ADDRESS	735 VALENCIA DRIVE S	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	
TITLE	Director	31 TITLE	☐ Change ☒ Addition
NAME	Knetzke, Bruce	32 NAME	
STREET ADDRESS	2112 W. Sitka Street	33 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33604	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Robert Ostrow 5/8/95 813-724-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0319967 CP