

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S84580** (7)

1. Corporation Name

BAY AREA SECURITY, INC.



Principal Place of Business

Mailing Address

**600 BYPASS DR
STE 116
CLEARWATER FL 34624
US**

**600 BYPASS DRIVE
SUITE 116
CLEARWATER FL 34624
US**

3. Date Incorporated or Qualified
10/03/1991

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **8300 Ulmerton Rd**

26 **8300 Ulmerton Rd**

4. FEI Number

59-3098283

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Ste 116**

Suite, Apt. #, etc.

27 **Ste 116**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **Largo, FL**

City & State

28 **Largo, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 **34641**

Country

25 **Pinellas**

Zip

29 **34641**

Country

30 **Pinellas**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CEO**
STREET ADDRESS **OSTROW, ROBERT**
CITY-STATE-ZIP **774 BELTED KINGFISHER DRIVE N
PALM HARBOR FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **FRANKS, CHARLES M**
CITY-STATE-ZIP **735 VALENCIA DRIVE S
LARGO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **KNETKE, BRUCE**
CITY-STATE-ZIP **2112 W SITKA ST
TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
4/26/96

813 532 2900
Daytime Phone #

CR2E034 (12/95)