FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S86871** **(8)**

1. Corporation Name

ENSEC INC

ENSE600 334312050 1A95 01/16/96
NOTIFY SENDER OF NEW ADDRESS
:ENSEC INC
751 PARK OF COMMERCE DR STE 104
BOCA RATON FL 33487-3622

2. Principal Place of Business	2a. Mailing Address
21 751 Park of Commerce Drive	26 PARK OF Commerce Drive 751
Suite, Apt. #, etc. 22 104	Suite, Apt. #, etc. 27 104
City & State 23 Boca Raton, FL	City & State 28 Boca Raton FL
Zip 24 33487 Country 25 USA	Zip 29 33487 Country 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1991	04/24/1995

4. FEI Number: 65-0292225 ☐ 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 s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINKEL, CHARLES N.,
~~2600 N. MILITARY TRAIL~~
~~SUITE 200~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 751 Park of Commerce Dr #104

83

84 City Boca Raton FL 85 Zip Code 33487

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 reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	FINKEL, CHARLES N.	
STREET ADDRESS	~~2600 N. MILITARY TRAIL~~	
CITY-ST-ZIP	~~BOCA RATON FL 33431~~	
TITLE	VP	☒ DELETE
NAME	STOREY, JOHN CHARLES P.	
STREET ADDRESS	2600 N. MILITARY TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	ST	☒ DELETE
NAME	STEVEN L. SIEGEL,	
STREET ADDRESS	2600 N. MILITARY TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	751 Park of Commerce Dr #104	
1.4 CITY-ST-ZIP	Boca Raton, FL 33487	
2.1 TITLE	SECRETARY	☐ Change ☒ Addition
2.2 NAME	STEVEN GEFFIN	
2.3 STREET ADDRESS	628 N.E. 195th St.	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 02/07/96 4029872511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #