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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	CORPORATIONS		
1. Corporatio	MENT # V1518 AK SECURITY INTERNATION	(-)			
	THE OLD OF THE PROPERTY OF	IVAL, INO.		1 HADIA BAYADA HADA AHAN AHAN AHAN AH	JEJ (BY) BYBN BYBN BYBN BYBN BYBN BYBN BYBN B
Principal Place of Business		Mailing Address			
333 ROCKAFELLOW WAY ORLANDO FL 32828 US		P O BOX 677936 ORLANDO FL 32967 US			
				Date Incorporated or Qualified 02/19/1992	3a. Date of Last Report 04/11/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite. Apt. #, etc.		59-3109307	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	- _T	Trust Fund Contribution	Added to Fees
24	Country 25	Zψ>	Gountry 30	8. This corporation has liability for	
	9. Name and Address of Curren		[30]	Florida Statutes Yes 10. Name and Address of New F	No
			81 Name	To. The tradition of flow (logistered Agent
MEIER, STEVEN 333 ROCKAFELLOW WAY			82 Street Add	ress (P.O. Box Number is Not Acceptat	dat
					ne)
OHLAN	DO FL 32828		83		
			84 City		85 Zip Gode
11. Pursuant I	o the provisions of Sections 607 0502	and 607 1509, Floods Statuto	o the above and		
or register familiar wit	ed agent, or both, in the State of Florid	a Such change was authorize	s, the above hamed corpo of by the corporation's boa	ration submits this statement for the purif of directors. Thereby accept the app	pose of changing its registered office on the contract as registered agent. I am
SIGNATURE .	un, and accept the or garons of, Secre	91 607.0505, Florida Statutes.	. 2 m		
	Signature, typed or present name of registric Lagent a	and title it appropriation (NO)	L. Rogi-fered April t Suprative require	at When renstating	4/32/96.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME	MEIER, STEVEN	☐ DELETE	1. 1 Tifle		Cnange Addition
STREET ADDRESS	333 ROCKAFELLOW WAY		1.2 NAME		
CITY-ST-ZiP	ORLANDO FL 32828		1.3 STREET ADDRESS		
THE	S	[] DELETE	1 4 CITY - ST - ZIP	~	Character C Addition
NAME	MEIER, CHERYL	<u></u>	2 2 NAME		☐ Change ☐ Addition
S1REET ADDRESS	333 ROCKAFELLOW WAY		2.3 STREET ADDRESS		
CITY-ST-2IP	ORLANDO FL 32828		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		_
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		The rec	3 4 CITY - ST - ZIP		
NAME		☐ DELETE	4 1 TIFLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY - ST- ZIP		
TITLE		DELETE	5 1 TITUE		Change Addition
NAME			5.2 NAME		C. Compage C. Modulifut
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CIFY ST-ZIP		
TITLE		☐ DELETE	6 1 TITUE		Change Addition
NAME DIDECT ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 Cily St. 7ig		

14. To hereby certify that the information supplied with this filing is vountarily turnished 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 cathy that I am an officer or director of the corporation or the receiver or trusted 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 guide-affactment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR R. Merce 4/23/86. 407 31 5333