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

APPROVED AND FILED
MAY -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24062 (4)

1. Corporation Name
PEMBROKE LAKES FOOTACTION, INC. #151

Principal Place of Business
11401 PINES BLVD
SP #884
PEMBROKE PINES FL 33026
US

Mailing Address
3940 PIPESTONE RD
DALLAS TX 75212
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0345193 — 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

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

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1 TITLE	☐ Change ☐ Addition
NAME	PARKS, RALPH T	1 NAME	
STREET ADDRESS	3940 PIPESTONE RD	1 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	1 CITY-ST-ZIP	
TITLE	VP	2 TITLE	☐ Change ☐ Addition
NAME	ALBERT, CHARLES M	2 NAME	
STREET ADDRESS	3940 PIPESTONE RD	2 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	2 CITY-ST-ZIP	
TITLE	VPTC	3 TITLE	☐ Change ☐ Addition
NAME	ROACH, DONALD V	3 NAME	
STREET ADDRESS	3940 PIPESTONE RD	3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	3 CITY-ST-ZIP	
TITLE	S	4 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	~~COUTTS, FREDERICK W~~	4 NAME	MARK W. MAYER
STREET ADDRESS	~~3940 PIPESTONE RD~~	4 STREET ADDRESS	3940 PIPESTONE ROAD
CITY-ST-ZIP	~~DALLAS TX~~	4 CITY-ST-ZIP	DALLAS, TX 75212
TITLE	AS	5 TITLE	☐ Change ☐ Addition
NAME	AVILES, MICHAEL A	5 NAME	
STREET ADDRESS	3940 PIPESTONE RD	5 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	5 CITY-ST-ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	PARKS, RALPH T	6 NAME	
STREET ADDRESS	3940 PIPESTONE RD	6 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, 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: [signature] MARK W. MAYER, SECRETARY 3-22-95 214-634-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0392473 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
[illegible] 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24080** **(6)**

1. Corporation Name
SECURITECH INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
125 N. BREVARD AVENUE STE 1015 COCOA BEACH FL 32931 US	125 N. BREVARD AVENUE STE 1015 COCOA BEACH FL 32931 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1992**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3117674** ☐ 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	10. Name and Address of New Registered Agent
GREER, ARABIA **5807 N ATLANTIC AVE** **UNIT 315** **CAPE CANAVERAL FL 32920**	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 [illegible] (Name of Registered Agent typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	PTSD	11 TITLE	☐ Change ☐ Addition
NAME	GREER, ARABIA	12 NAME	
STREET ADDRESS	5807 N ATLANTIC AVE #315	13 STREET ADDRESS	
CITY ST ZIP	CAPE CANAVERAL FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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 declare, certify, that the information supplied with this filing is complete, accurate and does not qualify for the exemptions 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: [signature] Arabia Greer 1 May 1995 407-784-1161
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFYING OFFICER OR DIRECTOR

0073474 CP