

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 # **V47223** (5)

1. Corporation Name

**CENTENNIAL SECURITY SYSTEMS, INC.**

Principal Place of Business

**2500 NW 39 ST  
MIAMI FL 33142**

Mailing Address

**2500 NW 39 ST  
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STAMM, WARREN JAY  
2500 NW 39 ST  
MIAMI FL 33142**

3. Date Incorporated or Qualified

**07/01/1992**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0346813**

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

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

Signature of person in care of registered agent (if applicable)

(N.D.) Registered Agent Signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
PRATO, RICHARD  
1206 NW 180 AVE  
PEMBROKE PINES FL**

TITLE ☐ DELETE

**VD  
PASCUCCI, SAMUEL  
14591 SUNSET LN  
FT LAUDERDALE FL**

TITLE ☐ DELETE

**OTD  
BARR, ARTHUR  
1000 ISLAND BLVD  
N MIAMI BEACH FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY, ST, ZIP**

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STREET ADDRESS  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

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