

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V47942**

(0)

1. Corporation Name

FURNS SECURITY, INC.



Principal Place of Business

**1515 S.W. 67TH AVENUE
MIAMI FL 33144**

Mailing Address

**1515 S.W. 67TH AVENUE
MIAMI FL 33144**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

g. Name and Address of Current Registered Agent

**FERNANDEZ, LUIS
14501 SW 114 TERR.
MIAMI FL 33186**

3. Date Incorporated or Qualified
06/29/1992

3a. Date of Last Report
04/24/1995

4. FLE Number

65-0351161

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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, thereby, accept the appointment of a registered agent familiar with and accept the obligations of, Sections 607.050, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **S FERNANDEZ, LUIS**
STREET ADDRESS **14501 SW 114 TERRACE**
CITY-STATE-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME **P FERNANDEZ, ELIZABETH**
STREET ADDRESS **14501 SW 114 TERR.**
CITY-STATE-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-STATE-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY-STATE-ZIP

41 TITLE

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)(d), Florida Statutes. I further certify that the information indicated on this report or supplement to 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (305) 265-1839
TOLSON

CR2E034 (12/95)