

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V53658 (3)

1. Corporation Name

CARD SECURITY CENTER, INC.



Principal Place of Business

Mailing Address

505 W GRANADA BLVD
SUITE L
ORMOND BCH FL 32174
US

P.O. BOX 730128
ORMOND BCH FL 32173
US

2. Principal Place of Business

21 770 W. Granada Blvd.

Suite, Apt. #, etc.

22 Suite 250

City & State

23 Ormond Beach FL

Zip

24 32174

Country

25 USA

2a. Mailing Address

26 Same As Above

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

07/24/1992

3a. Date of Last Report

05/17/1995

4. FEI Number

59-3138165

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

MIMS, DERRICK R
595 W GRANADA BLVD
SUITE L
ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

81 Name

DAVID BUTLER

82 Street Address (P.O. Box Number is Not Acceptable)

770 W. Granada Blvd. Suite 250

83

84 City

Ormond Beach

FL

85 Zip Code

32174

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

David Butler

David Butler

6/27/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MIMS, DERRICK R.
STREET ADDRESS 595 W GRANADA BLVD SUITE J
CITY-ST-ZIP ORMOND BCH F

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BUTLER, DAVID
1.3 STREET ADDRESS 770 W. GRANADA BLVD SUITE 250
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Butler President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96

904 676 9966

7/9/96

CR2E034 (3/96)