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95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S14826 (9)

1. Corporation Name
ABSOLUTE SECURITY, INC.

Principal Place of Business 2520 N CR #427 #100 LONGWOOD FL 32750 US	Mailing Address 2520 N CR #427 #100 LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3040441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

~~HOFFMANN~~ **KENNETH L.
503 MOCKINGBIRD CT.
LAKE MARY FL 32748**

10. Name and Address of New Registered Agent


B1 Name CORRECT SPELLING OF NAME TO HOFFMANN
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL
B5 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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME HOFFMANN, KENNETH L.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 503 MOCKINGBIRD CT.	CITY-ST-ZIP LAKE MARY FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE DST	NAME HOFFMANN, GLORIA J.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 503 MOCKINGBIRD CT.	CITY-ST-ZIP LAKE MARY FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	NAME HOFFMAN JOLIE M	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 503 MOCKING BIRD COURT	CITY-ST-ZIP LAKE MARY FL	3.2 NAME CORRECT SPELLING OF NAME TO HOFFMANN	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE DVP	NAME TOURNOUR, RICHARD M.	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 40 GOSHEN CT.	CITY-ST-ZIP LAKE MARY FL	4.2 NAME DELETE RICHARD TOURNOUR	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME CRONK, JERRY	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 980 MONTGOMERY, APT. 106	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	5.2 NAME	
		5.3 STREET ADDRESS 980 MONTGOMERY, APT. 106	
		5.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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)(b), 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:  **KENNETH L. HOFFMANN, PRESIDENT** 4/26/95 (407) 830-9999