



STATE OF ARIZONA CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE DOMESTIC

FOR FISCAL YEAR ENDING

12/31/1996 *12/95*

DUE ON OR BEFORE

04/15/1997

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: 0733444-5
Corporation Name: LAW ENFORCEMENT SPECIALISTS, INC.
Address: 23615 N. 43RD DR.

A.C.C. CORPORATIONS DIV.
RECEIVED

RECEIVED

City, State, Zip: GLENDALE, AZ 85310 *out*
Domicile: ARIZONA

JUN 05 1997

MAR 12 1997

Type: PROFIT

Arizona Statutory Agent: BONNIE K LUCAS
Street Address: 23615 N. 44RD DR.
(NOT P.O. BOX)

ARIZONA CORP COMMISSION DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

City, State, Zip: GLENDALE, AZ 85310 *out*

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input checked="" type="checkbox"/> 43. Other <u>SECURITY SERVICES</u> |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ <u>45</u>
Penalty	\$ <u>0.00</u>
Total	\$ <u>45.00</u>

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 ☐ 101 - 500 ☐ Over 500 ☐

3. ~ ~ If appointing a new statutory agent, the new agent **MUST** consent to that appointment and **PRESIDENT** ~ ~
~ ~ or VICE PRESIDENT must sign this report. ~ ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value

Number of Shares Issued	Class	Series	Par Value

5. **OFFICERS** (If no changes since last report, check here X and go on to Section 6.)

PRESIDENT: BONNIE K. LUCAS

VICE PRESIDENT: _____

Address: 23615 N. 43RD DR.

Address: _____

GLENDAL, AZ 85310

Date taking office: 01/01/95

Date taking office: / /

SECRETARY: _____

TREASURER: _____

Address: _____

Address: _____

Date taking office: / /

Date taking office: / /

6. **DIRECTORS** (If no changes since last report, check here X and go on to Section 7.)

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: / /

Date taking office: / /

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: / /

Date taking office: / /

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here X and go on to Section 8.)

NAME _____

NAME _____

NAME _____

NAME _____

~ ~ Attach Additional Sheets if Necessary ~ ~

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
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Number of Shares Issued	Class	Series	Par Value
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-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS**

(If no changes since last report, check here ___ and go on to Section 6.)

PRESIDENT: BONNIE K LUCAS

VICE PRESIDENT: _____

Address: 23615 N 43RD DR

Address: _____

GLENDAL, AZ 85310-

Date taking office: 08-15-95

Date taking office: _____

SECRETARY: BRIAN LUCAS

TREASURER: _____

Address: 23615 N 43RD DR

Address: _____

GLENDAL, AZ 85310-

Date taking office: 08-15-95

Date taking office: _____

6. **DIRECTORS**

Must List a Minimum of 1 Director.

NAME: Bonnie Lucas

NAME: _____

Address: 23615 N. 43rd Dr.

Address: _____

Glendale AZ 85310

Date taking office: 8/15/95

Date taking office: _____

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

NAME Bonnie K. Lucas

NAME _____

NAME _____

NAME _____

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. § 10-125.A.9.)

Complete the following Balance Sheet; OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. § 10-052.E. Books and Records; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. § 10-127, OR
- If no business conducted this fiscal year, so state.

See attached form.

BALANCE SHEET**ASSETS**

Current Assets:

Cash	\$ (46,483.00)
Trade notes and accounts receivable (less allowance for bad debts)	_____
Inventories	_____
Other current assets	_____

Total Current Assets	\$ (46,483.00)
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Investments	_____
Land, buildings and other fixed assets (net of accumulated depreciation)	_____
Intangible assets (net of amortization)	_____
Loans to shareholders	_____
Other assets	_____

Total Assets	\$ (46,483.00)
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LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable	\$ _____
Mortgages, notes, bonds (payable in less than 1 year)	_____
Other current liabilities	3,141.00

Total current liabilities	\$ 3,141.00
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Mortgages, notes, bonds (payable in more than 1 year)	_____
Loans from shareholders	_____
Other liabilities	_____

Total Liabilities	\$ 3,141.00
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Capital stock:	(a) Preferred stock	_____	_____
	(b) Common stock	1,000.00	1,000.00
Paid-in-or capital surplus		_____	_____
Less cost of treasury stock		_____	_____
Retained earnings		(50,624.00)	_____

Total Capital	\$ (49,624.00)
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TOTAL LIABILITIES and EQUITY

	\$ (46,483.00)
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See accountants' compilation report.

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. § 10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____ NO X

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. § 10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No X

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By Bonnie K. Lucas Date 9/5/97 By _____ Date _____
 Title President Title _____