1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90035 015 ***150.00

DEFEND	er guard service, inc).					
Principal Place	e of Business	Mailing Address	Mailing Address				-
23257 STATE R	RD. 7	23257 STATE ROAD 7 STE. 209 BOCA RATON FL 33428					
STE. 209	E(20400				DO NOT WRITE IN THIS SPACE		
BOCA RATON FL 33428 US		US			3. Date Incorporated or Qualified		
00		•			10/15/1974		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1555906	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_5Certifcate of Status Desired	\$8.75	
22		27			_B.208 dicate of contag opphicos	Fee Re	quired
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip	Country	Zip	Cou	ntry	This corporation owes the current year		.
24	25	29	30		Personal Property Tax. Yes No		
	9. Name and Address of Curr	ent Registered Agent		2.7	10. Name and Address of New Registe	ered Agent	
cen	OCITO DOMINICK			81 Name			
ESPOSITO, DOMINICK				82 Street Ad	fress (P.O. Box Number is Not Acceptable)		
	57 STATE ROAD 7, STE. 104				Local Marie S. Comp.		
BOC	CA RATON FL 33428			83			
				84 City		85 Zip 0	Code
				1 1		FL	
office or r	registered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Statu	by the corpora	prporation submits this statement for the purpo- ation's board of directors. I hereby accept the statement of the purpo- uired when reinstating)	appointment as re	gistered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	P	☐ DELETE	1.1 TIT	LE		Change	☐ Addition
NAME	ESPOSITO, DOMINIELD P.		1.2 NA	ME			
STREET ADDRESS	23257 STATE ROAD 7		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		14 CF	Y-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TII	LE		Change	☐ Addition
NAME	GLASSER, CLYNTHIA		2.2 NA	ME	•		
STREET ADDRESS	2325 STATE ROAD 7		2.3 \$T	REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 C	TY-ST-ZIP			
TITLE	ST	☐ DELETE	3 1 TN	LE		Change	☐ Addition
NAME	GLASSER, RUTH M.		3.2 NA	ME	, ,	•	
STREET ADDRESS	22257 STATE DOAD 7		3.3 ST	REET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		3.4. CI	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TII	LE		Change	☐ Addition
NAME			4.2 N	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 CF	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 YF	LE		Change	☐ Addition
NAME			5.2 N	ME	<i>:</i>		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change

___ Addition