

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90010 010 \*\*\*558.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005037 ✓

1. Corporation Name  
 SAFEGATE AIRPORT SYSTEMS, INC.



Principal Place of Business: 1700 NW 124TH AVE. SUITE 139, CORAL SPRINGS FL 33065  
 Mailing Address: 3700 NW 124TH AVE. SUITE 113, CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 3700 NW 124 AVE STE 113		09/25/1996	
2 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
3 Zip		28 City & State		65-0303945	
4 Country		29 Zip		Applied For	
25		29		Not Applicable	
30 Country		30		5. Certificate of Status Desired	
				<input checked="" 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 owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 LEEDS, MICHAEL H  
 BLANK ROME COMISKY & MCCAULEY  
 1200 N FEDERAL HWY  
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSSEIRAN, SALAH N	1.2 NAME	
STREET ADDRESS	PO BOX 86892 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUBRA, MAHMOUD	2.2 NAME	
STREET ADDRESS	3700 NW 124TH AVE, SUITE 135	2.3 STREET ADDRESS	893 S. MATLACK ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33085	2.4 CITY-ST-ZIP	WEST CHESTER PA 19382
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUBRA, FADI	3.2 NAME	Michael H. Leeds
STREET ADDRESS	8805 NW 18TH ST	3.3 STREET ADDRESS	Blank Rome Comisky
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	1200 N. Federal Highway - Suite 309
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Boca Raton, FL 33431
NAME	POWELL, RICHARD	4.2 NAME	
STREET ADDRESS	100 WILLABROOK LN.	4.3 STREET ADDRESS	893 S MATLACK ST.
CITY-ST-ZIP	WEST CHESTER PA 19382	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: RC Powell 7/12/99 610-430-8220  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)