

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1

PROFIT CORPORATION ANNUAL REPORT 1998-1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 MAR -8 PM 1:25

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **G68096**  
 1. Corporation Name **ELITE GUARD AND PATROL SERVICES, INC.**

Principal Place of Business Mailing Address  
**17100 Collins Ave. #222 Miami Beach, FL 33160** **17100 Collins Ave. #222 Miami Beach, FL 33160**

2. Principal Place of Business	2a. Mailing Address
21 <b>17100 Collins Avenue</b>	26 <b>17100 Collins Avenue</b>
Suite, Apt. #, etc	Suite, Apt. #, etc
22 <b>222</b>	27 <b>222</b>
City & State	City & State
23 <b>Miami Beach</b>	28 <b>Miami Beach</b>
Zip	Zip
24 <b>33160</b>	29 <b>FL</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1983**

4. FEI Number **59-2364658** 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 owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**Buffington, Kenneth L**  
**17100 Collins Ave. #222**  
**Miami Beach, FL 33160**

81 Name **BUFFINGTON, KEVIN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **17100 Collins Avenue**  
 83 **Suite 222**  
 84 City **Miami Beach** FL 85 Zip Code **33160**

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 **KEVIN BUFFINGTON** **3-9-99**  
(NOTE: Registered Agent signature required when registered.)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Buffington, Kimly M</b>	
STREET ADDRESS	<b>17100 Collins Avenue #222</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>Buffington, Kenneth</b>	
STREET ADDRESS	<b>17100 Collins Avenue #222</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Buffington, Betty</b>	
STREET ADDRESS	<b>17100 Collins Avenue #222</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>Buffington, Kevin</b>	
STREET ADDRESS	<b>17100 Collins Avenue #222</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33160</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**800002806118**  Change  Addition  
**-03/15/99--0114--010**  
**\*\*\*\*300.00 \*\*\*\*300.00**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered

SIGNATURE: **Betty Buffington** **BETTY BUFFINGTON** **3-9-99 (305) 956-9520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)

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**ELITE GUARD**

Agency #B0001444 Training Facility #DS9500052

305-956-9520

800-579-0709

FAX 305-956-9392

www.eliteguard.com

info@eliteguard.com

March 9, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: L. Sellers

Re: Reinstatement of Corporation

Dear Ms. Sellers:

Pursuant to our telephone conversation enclosed please find Elite Guard and Patrol Services, Inc. 1998-1999 Annual Report as well as a check in the amount of \$300.00.

Please note that upon reviewing the companies account it came to my attention that check #6042 mailed to your office along with our 1998 annual report was not received.

Please accept my apologies for this inadvertent error. I would also like to take this opportunity in thanking you for your assistance. If you are in need of any further information please do not hesitate to call.

Sincerely,



Kathleen Buffington  
Office Administrator

KB:lb  
Enc.:stated