

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # H83584 (3)
1. Corporation Name
BRYANT SECURITY CORPORATION



Principal Place of Business 108 S. MIAMI AVE. SUITE 300 MIAMI FL 33130 US	Mailing Address 108 S. MIAMI AVE. SUITE 300 MIAMI FL 33130 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16840 NE 19 Ave Suite, Apt. #, etc. 22 City & State 23 NMB FL Zip 24 33162 Country 25 USA		2a. Mailing Address 26 16840 NE 19 Ave Suite, Apt. #, etc. 27 City & State 28 NMB FL Zip 29 33162 Country 30 USA		3. Date Incorporated or Qualified 11/01/1985	
		4. FEI Number 59-2596021		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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent BEN-DAVID, GAL 290-174 #2305 NORTH MIAMI BCH FL 33160				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: Gal Ben-David 3/31/98
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BEN-DAVID, DAVID	1.2 NAME	
STREET ADDRESS	2715 TIGERTAIL AVE #409	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	BEN-DAVID, GAL	2.2 NAME	
STREET ADDRESS	290 174 ST. #2305	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: Gal Ben-David 3/31/98 35948000
Signature typed or printed name of signing officer or director. Date Daytime Phone # 0226819

CR2E034 (10/97)