FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90172 026 ***150.00

DOCUMENT # H83584

1. Corpora ion Name

BRYANT SECURITY CORPORATION

Principal Place	e of Business	Mailing Address			
16840 NE 19 AVE		16840 NE 19 AVE			
NORTH MIAMI BEACH FL 33162		NORTH MIAMI BEACH FL 33162		DO NOT MORE IN	THE SPACE
us		US		DO NOT WRITE IN THIS SPACE	
				3. Date Ir corporated or Qualifed	
	· · · · · · · · · · · · · · · · · · ·			11/01/1985	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App ied For
21		26		59-2596021	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o. ooralaa or outro	Fee Required
City & S:ate	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
NAMETTE COMEZ					
NANETTE, GOMEZ			20 01		
5185 ALTON ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140			83		
			84 City	T1- 11	FL 85 Zip Code 32/6/2
11. Pursuant to the provisions of Scattons 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 of both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered					
agent. a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes		1.100
SIGNATURE		Gal Ben- Davy		4	124 199
SIGNATURE	Signature, typed or printed na ne prinegistered ager		egistered Agent signature re		
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	David Ben David President	Change
NAME	NANETTE, GOMEZ	,	12 NAME	soss center St. Coconnt grove PC Sec:	
STREET ADDRESS	5785 ALTON ROAD		1.3 STREET ADDRESS	3055 center 57.	201-0
CITY-ST-ZIP	MIAMI BEACH FL 33140	\ 1	1.4 CITY-ST-ZIP	Coconst grove M	33/33
TITLE	S	DELETE	2.1 TITLE	500	Change Addition
NAME	HARRIS, LORAJ	/ -	2.2 NAME	Gal Ben- Aurily 1110	ļ
	1600 N.E. 126 STREET #210		2.3 STREET ADDRESS	310 - 134 CT # 1119	
STREET ADDRE 3S	NORTH MIAMI FL 33181		E I	Sunny Pale Bah W	33160
CITY-ST-ZIP	NORTH MIAMITE 33101		2.4 CITY-ST-ZIP	- John John John Po	Change Addition
TITLE		☐ DETE IE	31 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY- ST- ZIP		
CITY-ST-ZIP		□ DELETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRE 3S					
1 017/ 07 7/0			64 CITY-ST-ZIP	1	1

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 unformation indicated on this component of the corporation or the report or or the report or

SIGNATURE: