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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

J 14485

APPROVED FILES

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporal		0		<u>-</u> -			TALLAHASSE	e, flux	NUA	
5046	heastern Protecti	on ser	vices	OI F	TOI	cida,	Inc.			
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							_			
	ce of Business	Mailing Ad								
	W. Evergreen Ave.		Box 11							
St.	180	Alt	amonte	Spg	s.,	Fl.	32715 DO NOT WE	NTE IN THIS	SPACE	
Long	wood, Fl. 32750						3. Date Incorporated or Qualifie			
							5-12-86	7 -		
2. Principal	Place of Business	2a. Mailing	Address				4. FEI Number		A	pplied For
21		26	-				59-2680921			ot Applicable
Suite, Apt	, #, elc.	Surte, /	Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27		-			5. Certificate of Status Desired	<i>₹</i>		lequired
City & Sta	ite	City &	State				6. Election Campaign Financing	 1 .	\$5.00	May Be
23	<u> </u>	28					Trust Fund Contribution			to Fees
Zip	Country	Zip	-	Cot	untry		8. This corporation owes or has	paid the cu	urrent year In	tangible
24	25	29		30			Personal Property Tax due Ju	ne 30.	Ş⊋ Yes [J No
****	9. Name and Address of Current	Registered A	gent		<u> </u>		10. Name and Address of New	Registered	l Agent	
					81	Name				
	ick Russell				82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
	Bright Meadow Rd.				Ш.					
Lake	Mary, Fl. 32750				83					
					84	City			85 Zip	Code
						•		FL	_ ' ' '	ļ
44 Durouppt					1					
office or	to the provisions of Sections 607.0502	and 607, 1508,	Florida Statu	les, the a	bove-r	named corp	poration submits this statement for th	e purpose o	of changing i	ts registered
office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	and 607,1508, if Florida, Such ions of, Section	, Florida Statu change was n 607.0505, F	tes, the a authorize lorida Sta	bove-r d by th tutes.	named corporation	oration submits this statement for th ion's board of directors. I hereby acc	e purpose o	of changing to cointment as	ts registered registered
		and 607,1508, if Florida, Such ions of, Section	, Florida Statu i change was n 607.0505, F	tes, the a authorize lorida Sta	bove-r d by th tutes.	named corp he corporati	oration submits this statement for th ion's board of directors. I hereby acc	e purpose of ept the app	of changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable		TE Registere			ed when reinstating)	DATE		
SIGNATURE	Signature, lyped or printed name of registered agent OFFICERS AND	and title if applicable	te (NO	TE Registere	nd Ägert			DATE	D <u>DIRECTOR</u>	RS IN 12
SIGNATURE 12. TITLE	Signature. Typed or printed name of registered agent OFFICERS AND President	and title if applicable		TE Registere 13.	d Agent		ed when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature. Typed or printed name of registered agent OFFICERS AND President Patrick Russell	and title if applicable	te (NO	TE Registère 13. 11TI 12N	nd Agent TLE AME	signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTOR ☐ Change	RS IN 12
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4. 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/93 407830 50#/

CR2E034 (10/97)