

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

A1 FILED  
Jun 01 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 # L39142  
1. Corporation Name  
DAYTONA BEACH SECURITY, Inc.

Principal Place of Business: 53 Cumberland Avenue  
Mailing Address: (SAME)  
Ormond Beach, FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 53 Cumberland Avenue  
22 Suite, Apt # etc  
23 Ormond Beach, FL  
24 Zip 32174  
25 Country Volusia

3. Date Incorporated or Qualified  
4. FEI Number 59-2991109  
5. Certificate of Status Desired  
6. Election Campaign Financing Trust Fund Contribution  
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  
A1 VAN DE MARK  
53 Cumberland Avenue  
Ormond Beach, FL 32174

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 607.1508, 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: *Alexander John Van de Mark* DATE: 5/10/98

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	JACK Peter Leeds	
STREET ADDRESS	105. South Street Apt 8	
CITY-ST-ZIP	Daytona Beach, FL 32117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alexander John Van de Mark	
1.3 STREET ADDRESS	53 Cumberland Avenue	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Laura Van De Mark	
2.3 STREET ADDRESS	53 Cumberland Ave	
2.4 CITY-ST-ZIP	Ormond Beach, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 attached list with an address.

SIGNATURE: *Alexander John Van de Mark* DATE: 2/15/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 000002543250  
 -06/02/98--01008--013  
 \*\*\*61.25  
 (909) 673-7555

CR2E034 (10/97)