

SECURITY NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 FEE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV 16 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048875 (5)
 1. Corporation Name
 FORCE SECURITY SYSTEMS, INC.

| | |
|---|---|
| Principal Place of Business 2001 MAPLE AVE TAMPA FL 33605 US | Mailing Address 2001 MAPLE AVE TAMPA FL 33605 US |
|---|---|

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

98

| | |
|---|---|
| 2. Principal Place of Business 21 220 E MADISON AVE Suite, Apt. #, etc. 22 1000 City & State 23 TAMPA Florida Zip 24 33602 Country 25 USA | 2a. Mailing Address 26 220 E. MADISON Suite, Apt. #, etc. 27 1000 City & State 28 TAMPA Florida Zip 29 33602 Country 30 USA |
|---|---|

| | | |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 06/19/1995 | 4. FEI Number 59-3336813 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
 VELASCO, ROBERT
 4705 LODGE STONE
 TAMPA FL 33615

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name MONTY VELASCO |
| 82 Street Address (P.O. Box Number is Not Acceptable) 8802 BAY POINT DR B-201 |
| 83 |
| 84 City TAMPA FL 85 Zip Code 33615 |

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: *[Signature]* (PRES) MONTY VELASCO 7/1/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VELASCO, ROBERT 2001 MAPLE AVE TAMPA FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD VELASCO, ROBERT MONTY 220 E. MADISON SUITE 1000 TAMPA FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | 3000026921114 -11/19/98-01099-001 ***750.00 ***750.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *[Signature]* MONTY VELASCO 7/1/98 813-881-0891
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0083458

CR2E034 (5/98)