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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

CHIME	GUARD	SECONITY	SYSTEMS,	INC

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90076 045 ***150.00

Principal Pla 5970 SW 18S BOCA RATON US 2. Principal 21 Suite, Ap 22 City & Sta	Place of Business t. #, etc.	Mailing Address 240 LOCK ROAD DEERFIELD BEACH FL 3344 2a. Mailing Address 26 5970 Sw i 8 Suite, Apt. #, etc. 27 30/ City & State	-St -	DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 05/23/1996 4. FEI Number 65-0692894 5:-Certificate of Status Desired	S SPACE	plied For t Applicable additional. quired
Zip	Country	28 BOCA LAT		Trust Fund Contribution	Added t	Fees
24	Country 25	^{Zip} 33433 [Country 30 USA	8. This corporation owes the current year In		
24	9. Name and Address of Curr		30 03 4	Personal Property Tax.		□No
			81 Name	10. Name and Address of New Registered	a Agent	
159	DLER, FYLLIS 08 S.W. 21ST LANE CA RATON FL 33486			ess (P.O. Box Number is Not Acceptable)	85 Zip C	ode
11. Pursuan	t to the provisions of Sections 607.05	502 and 607.1508. Florida Statute	s, the above-named come	agation outperite this at the second for the	f changing its	ogistored
i cilice di	registered agent, or both, in the Stat am familiar with, and accept the oblig	e oi rionga. Such change was au	unorized by the corboratio	on's board of directors. I hereby accept the appo	intment as reg	istered
		gauons or, Section 607.0505, Flori	da Statutes.			j
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE: I	Registered Agent signature required	when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	NADLER, DON		1.2 NAME		-	_
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE		Change	Addition
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CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP	<u> </u>		
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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 one attachment with an address, with all other like empowered.

SIGNATURE:

- Dow Wardier