

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90007 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000063656

1. Corporation Name
 C.K.'s Security Systems, Inc. ✓

Principal Place of Business Mailing Address
 140 Intracoastal Pointe Drive, Suite 401
 Jupiter, Florida 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/20/98

2. Principal Place of Business 21 301 S.E. 4th Street Suite, Apt. #, etc. 22 City & State 23 Boynton Beach, FL Zip Country 24 33435 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number 65-0854572	Applied For <input checked="" type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 Keith A. Seldin
 140 Intracoastal Pointe Drive, #401
 Jupiter, Florida 33477

10. Name and Address of New Registered Agent

81 Name	Keith A. Seldin
82 Street Address (P.O. Box Number is Not Acceptable)	1934 Commerce Lane, Suite 2
83	
84 City	Jupiter
85 Zip Code	FL 33458

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 Keith A. Seldin 4/23/99
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	VP/D	<input type="checkbox"/> DELETE
NAME	Robert Stephens	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Francis B. Volpe	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	Exec. V.P.	<input type="checkbox"/> DELETE
NAME	Robert Sciafano	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Christine Volpe	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Tina Stephens	
STREET ADDRESS	301 S.E. 4th Street	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 attachment with an address, with all other like empowered.

SIGNATURE: Robert Stephens Tina Stephens 4/26/99 (561) 330-9838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)