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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000063656

1. Corporation Name

C.K.'s Security Systems, Inc.

1

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

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

05-15-1999 90007 015 ***150.00

Jupi	ter, Florida 3347	7			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 7/20/98
2. Principal Place of Business 2a. Mailing Address 2b. E. 4th Street 2c. Mailing Address 2c.				4. FEI Number 65 - 0854572 Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State City & State 23 Boynton Beach, FL 28				-	**************************************
Zip Country Zip Country				,	This corporation owes the current year Intangible
24 33435 25 USA 29 30			¬ ·		Personal Property Tax.
<u></u>	9. Name and Address of Current F		1		10. Name and Address of New Registered Agent
Keith A	A. Seldin		81	Name	Keith A. Seldin
140 Intracoastal Pointe Drive, #401				Street A	Address (P.O. Box Number is Not Acceptable) 4 Commerce Lane, Sulte 2
Jupiter, Florida 33477					4 Commerce Lane, Burce 2
			84	Gity	iter FL 85 33458
office or r		Florida. Such change was auth	orized by	e-named c the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Xa5	FROTH A. SE	2016	<i>u</i>)	4 / 2 3 / 9 9 DATE
12.	Signature, typed or printed name of registered agent ar OFFICERS AND	<u> </u>	gistered Agei	nt signature red	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP/D	□ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Robert Stephens		1.2 NAME	i	
STREET ADDRESS	301 S.E. 4th Stre	et	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	Boynton Beach, F1	. 33435	1.4 CITY-S	T-ZIP	
TITLE	P/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Francis B. Volpe		2.2 NAME		
STREET ADDRESS	301 S.E. 4th Stre Boynton Beach, Fl	et	23 STREET	TADDRESS	
CITY-ST-ZIP				ST-ZIP	
TITLE ·			3.1 TITLE		Change Addition
NAME	Robert Sclafano	-	3.2 NAME		
STREET ADDRESS	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			ADDRESS	
CITY-ST-ZIP TITLE	<u> boynton beach, r</u>	DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME	Christine Volpe		4. 2 NAME		
STREET ADDRESS	301 S.E. 4th Stre	et	4.3 STREET	ADDRESS	
CITY-ST-ZIP	Boynton Beach, F1		4.4 CITY-S	T-ŽIP	
TITLE	Т	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Tina Stephens		52 NAME		
STREET ADDRESS	201 C W /+h C++0	et l	5.3 STREET		
CITY-ST-ZIP	Boynton Beach, Fl	. 33435	5.4 CITY-S 6.1 TITLE	T-ZIP	
TITLE		☐ DELETE	6.1 ITILE 6.2 NAME		☐ Change ☐ Addition
NAME			6.3 STREET	ADDDESS	
STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST	1-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:

SMA ROBUS TING Stephens STANDING OFFICER OR DIRECTOR

4/26/99

 $(561) \frac{330-9838}{}$

CR2E034 (11/98)