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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90215 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S01458

1. Corporation Name  
R.U.P. SECURITY CO. INC.

Principal Place of Business

Mailing Address

11925 SW 128 STREET  
PO BOX 161859  
MIAMI FL 33186  
US

P.O. BOX 161859  
PO BOX 161859  
MIAMI FL 33116-1859  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1990

4. FEI Number

65-0221195

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURTLETAUB, HAROLD A.  
6401 SW 87TH AVE  
SUITE 122  
MIAMI FL 33173

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME  
JOANNOU, BEN SR  
STREET ADDRESS  
9900 SW 131 ST  
CITY-ST-ZIP  
MIAMI FL

1.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
GURDJIAN, JACQUES  
STREET ADDRESS  
8050 SW 157 ST  
CITY-ST-ZIP  
MIAMI FL

2.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
JOANNOU, BEN J  
STREET ADDRESS  
11925 SW 128 STREET  
CITY-ST-ZIP  
MIAMI FL

3.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
JOANNOU, CRYSTAL  
STREET ADDRESS  
11925 SW 128 STREET  
CITY-ST-ZIP  
MIAMI FL

4.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

305-238-1866

Daytime Phone #

CR2E034 (1/98)