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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$17057

1. Corporation Name

CORPORATE SECURITY MANAGEMENT, INC.

Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,			
926 GREAT POND DR. 35624 KINGS LANE					1			
STE 1004 EUSTIS FL 32726					DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
ALTAMONTE SPRINGS FL 32714 US					3. Date I corporated or Qualifed	11 10 01 702		
US					11/27/1990			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Applied For	
21		26			59-3038932		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Additional		
22				5. Certificate of Status Desired	Fee F	Required		
City & Stat	te	City & State			6. Electic n Campaign Financing	\$5.0	0 May Be	
23		28		_	Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible		
24	25	29	30	_	Personal Property Tax.	\ Yes	No Tr	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent		
			8	1 Name	e			
STE	Wart, gene		a	2 Stree	et Arldress (P.O. Box, Number is Not Acceptable)			
35624 KINGS LANE			"	31166	et Andress (r. o. box. Humber to Not / toospeasio)			
EUS	TIS FL 32726		8	3				
			8	4 City		FL 85 Zip	Code	
agent. I a SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Fig	rida Statute	∋ \$.		ATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	TORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE			☐ Chang	e 🗌 Addition	
NAME	STEWART, EUGENE G.		1.2 NAM	E			Į	
STREET AODRESS	ACARA MINION LAND		1.3 STRE	ET ADDRES	ss			
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Chang	e 🔲 Addition	
NAME	MARTINEZ, FELIX R		2.2 NAME				}	
STREET ADDRESS	4000 DONITA DO		2.3 STR	ET ADDRES	ss			
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		2. 4 CITY]	
TITLE	D	DELETE	3.1 TITLE			☐ Chang	e 🔲 Addition	
NAME	DELAURA, STEPHANIE P	_	3.2 NAM					
STREET ADDRESS	AAAR OUEDON OOUDT			= EET ADDRES	ss			
	APOPKA FL 32712			-ST-ZIP				
CITY-ST-ZIP	D	DELETE	4.1 TITLE			Chang	e Addition	
ĺ	PFEIFFER, BEVERLY		4 2 NAM			_	Ì	
NAME	ALL COTTECUIODE CIDOLE				22			
STREET ADDRESS	LONGWOOD FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		~		İ	
CITY-ST-ZIP	LONGWOOD FL	DELETE	5,1 TITL		 	☐ Chang	e Addition	
TITLE			5,1 IIIL				_	
NAME				= EET ADDRES	ss			
STREET ADDRESS	3		5.4 CITY					
CITY-ST-ZIP		☐ DELETE	6.1 TITL			Chang	e Addition	
TITLE			6.2 NAM					
NAME	1		1		ce			
STREET ADDRESS	5		63STR	EET ADDRES	²⁰			

14. Hereb / 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATE RE AND TYPED OR I FRINTED NAME OF SIGNING OFFICEN OR DIRECTOR Like hewomed