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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90044 005 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M60126

1. Corporation	on Name	1000120									
SECURI	ITY WAT	CH. INC.									
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	1										
Principal Place of Business Mailing Address											
C/O ROBERT RABINOWITZ C/O ROBERT RABINOWITZ										5	
210 N.W. 112			210 N.W. 112 LN.								
CORAL SPRING	GS FL 33071	CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE					
	. !						3.	Date Incorporated or Qualifed	,		
•							<u> </u>	10/02/1987			
2. Principal f	Place of Bus	iness	2a. Mailing Address				4.	FEI Number	Ap	plied For	
21	:	: 26					<u> </u>	65-0006993		t Applicable	
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75			
22			27				1	4		equired	
City & State			City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip		Country	Zip	Count	trv		١.				
24	25 29 30				,			8. This corporation owes the current year Intangible Personal Property Tax.			
	o Nam	e and Address of Current	1 <u></u>	1961			10.	Name and Address of New Registered			
	<u>J</u>	'		8	31	Name	, ,,				
RAE	BINOWITZ,	ROBERT									
210 N.W. 112 LN.					32	Street Addres	ddress (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33071					33				2 ( 44. 1 de	2-5-1 7 91, 12-51	
L.							和一個語句。1000年的新聞報告報告報酬				
				8	34	City			85 Zip	Code	
<b>FL</b>										registered	
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 a	am familiar v	vith, and accept the obligation	ons of, Section 607.0505, Flo	rida Statuti	es.			•			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						eiennture cognized :	, uthen n	einstating) / • • \ DATE			
12.	Signature, type	OFFICERS AND		13.	90111	aignaturo roquirou		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	IRS IN 12	
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NAME	_	- 1. - - -				ADDRESS				ĺ	
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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 open attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

954-494-2054