**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT # M87396** 



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

Katherine Harris

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90073 032 \*\*\*150.00

1. Corpo	ration Name	•					
	ESS SECURITY SYSTEMS, INC						
, AOOL	1	-			I (BRIDORI ID) FORM INDOR MINE INVESTMENT DISTRICT	OBIG DIDIN DIDIN J	1811 <b>613</b> 11 1861
,							
D-ii1	Disco of Business	Mailing Address			- \$ (MN) WHILE BEAUTING THE TOTAL AND THE TRANSPORT OF THE BEAUTING		
	Place of Business						
4160 NW 1		4160 NW 1ST AVE			,		
	TON FL 33431	BOCA RATON FL 33431			DO NOT WRITE IN THIS	S SPACE	
US US					3. Date Incorporated or Qualifed		
ļ	<u>,</u>				06/29/1988		
2. Princip	pal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	•	26			65-0060400	No	t Applicable
	Apt. #, etc.	- Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75	
22		27			5, Certificate of Status Desired	Fee Re	quired
	State	City & State		_	6. Election Campaign Financing	\$5.00	May Be
23		28		_	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In	tangible	
24	[25]	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
	1		8	l Name			
	ROBIN, HARRY		8:	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	8673 B GLADES RD		104	Sileet Addie	55 (F.O. BOX Nulliber is Not Acceptable)		
I	BOCA RATON FL 33431		83	3	· ·		1
}						1	2.4.
}	ï		84	4 City	FI	85 Zip (	Code
44 Duro	went to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	s the abov	ve-named corpo	pration submits this statement for the purpose of	f changing its	registered .
office	e or registered agent, or both, in the State	of Florida. Such change was aut	horized by	y the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as re	gistered
agen	III. ) am lamiliar with, and accept the conga	tions of, Section 607.0000, Florid	na Olamic	<b>3.</b>			
agen SIGNATI	URE						<del></del>
SIGNAT	URE Signature, typed or printed name of registered ager			ent signature required			
SIGNAT	URE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ag	ent signature required	when reinstating) DATE		
SIGNATE 12. TITLE	URE   Signature, typed or printed name of registered ager   OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Age	ent signature required	when reinstating) DATE	ND DIRECTO	DRS IN 12
SIGNATE  12.  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN DP ROBIN, HARRY	nt and title if applicable. (NOTE: F	13. 1.1 TITLE	ent signature required	when reinstating) DATE	ND DIRECTO	DRS IN 12
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SIGNATE  12.  TITLE  NAME  STREET ADD  CITY-ST-ZIF  TITLE	OFFICERS AND PROBIN, HARRY BESS BOCA RATON FL  Signature, typed or printed name of registered ager  OFFICERS AND	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE	ent signature required	when reinstating) DATE	ND DIRECTO ☐ Change	DRS IN 12
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14. I hereby certify that the information supplied with this filing does not guality 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