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

PROFIT CORPORATION ANNUAL REPORT
1999

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

04-20-1999 90106 023 ***150.00
469142

FILED
99 JUL 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 469142

1. Corporation Name
GUARDIAN SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
1283 N US HWY 1 ORMOND BEACH FL 32174	1283 N US HWY 1 ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1975

4. FEI Number: 59-1572365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CAVARRETTA, CHESTER P. SR.
22 VILLAGE DRIVE
ORMOND BCH FL 32074

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	☐ DELETE	1.1 TITLE	PRESIDENT + VICE PRESIDENT	☑ Change ☐ Addition
NAME	CAVARRETTA, CHESTER P.		1.2 NAME	CHESTER P. CAVARRETTA	
STREET ADDRESS	22 VILLAGE DRIVE		1.3 STREET ADDRESS	22 VILLAGE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BCH, FL	
TITLE	PS	☑ DELETE	2.1 TITLE	SECRETARY + TREASURER	☐ Change ☑ Addition
NAME	CONTE, FRANK N		2.2 NAME	ROBERT D. CAVARRETTA	
STREET ADDRESS	40 NICHOLAS COURT		2.3 STREET ADDRESS	2417 ORIOLE LANE	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	SOUTH DAYTONA, FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		SP
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 REQUIRED 4/15/99 904-672-7054
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #