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

**PROFIT** CORPORATION **ANNUAL REPORT** 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Kathérine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT		51	91	72
1. Corporation Name		<b>U</b> .	<b>O</b> ,	,

SARASOTA FL 34236

MICHAEL SAUNDERS SECURITY CORP.

	incipal flace of bosiness	Mailing Address		
	DI MAIN ST. Prasota Fl. 34236	1801 MAIN ST. Sarasota Fl. 34236		
2.	Principal Place of Business	2a, Mailing Address		
21		26		
	Suite, Apt. #, etc.	Suite, Apt. #, etc		
22		[27]		
	City & State	City & State		
23		28		
	Zip Country	Ζιρ	Country	
24	25	29	[30]	
	9. Name and Address of	of Current Registered Agent		
	<b>***</b>		81	Name
	EISEMAN, SAUL		82	Stree

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4.	12/01/1976 FE I Number			Applied Fo
	59-1706377			Not Applic
5.	Certifcate of Status Desired	×	\$8.75 Addition Fee Required	
	Election Campaign Financing Trust Fund Contribution	(1	\$5.00 May Be Added to Fees	
8.	This corporation owes the curr	ent year li	ntangible	
	Personal Property Tax		[   Yes	[]No
10.	Name and Address of New R	legistere:	d Agent	
	Rees			

	Sarasota	F L   34236
11.	Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the p	urpose of changing its registerer
	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept	the appointment as registered
	agent. Lam familiar with) and accept the obligations of, Section 607.0505, Florida Statutes.	

12.	OFFICERS AND D		<b>]</b> 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVS	[] DELETE	11 TITLE	[] Change [] Addi
NAME	SAUNDERS, MICHAEL		1.2 NAME	
STREET ADDRESS	1801 MAIN ST.		13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-7IP	
TITLE	DPT	[ ] DELFTE	21 TILLE	[]] Change []] Addi
NAME	EISEMAN, SAUL		22 NAME	6000027949662 -03/04/9901086016
STREET ADORESS	1801 MAIN ST.		2.3 STREET ADDRESS	-03/04/9901086016
CITY-ST-ZIP	SARASOTA FL		2 4 CHY-ST-7/F	****158.75 ****158.75
TITLE	D	[] DELETE	31 TITLE	[ Change []Addit
NAME	BURKS, RON		3.2 NAME	
STREET ADDRESS	1		31STREE LADDRESS	
CITY-ST-ZIP	SARASOTA FL		34 CITY-\$1-ZiP	
TITLE	DVP	[] DELETE	41 TITLE	[]Change []Addit
NAME.	REES, PAULA		4 2 NAME	
STREET ADORESS	1801 MAIN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 Citty-ST-ZiP	
TITLE	D	[]] DELETE	5 1 TITLE	[ Change [ Addit
NAME	SAUNDERS, DRAYTON		5.2 NAME	
STREET ADDRESS	1801 MAIN ST		53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP	0
TITLE		[] DELETE	61 TITLE	["] Change All
NAME	1		6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	- P <sub>0</sub> /11
	1			Z N

[ | Change [ ] Addition

85 Zip Code

[ ] Change [] Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Fronda 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 empsewered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if (nanged, or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)