

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

DOCUMENT #

1. Corporation Name

ARGUS SECURITIES, INC.

Principal Place of Business

Mailing Address

7249 U.S. HWY 19
NEW PORT RICHEY FL 34652

7249 U.S. HWY 19
NEW PORT RICHEY FL 34652

FILED

99 AUG 31 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

BECKOFF, BERTRAM SORREL
11641 OAK AVENUE
SEMINOLE FL 34642

3. Date Incorporated or Qualified

03/10/1977

4. FEI Number

59-1723184

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

10. Name and Address of New Registered Agent

81 Name

JOHN M. COOK II

82 Street Address (P.O. Box Number is Not Acceptable)

2615 WEST GRAND RESERVE CIRCLE

83

84 City

CLEARWATER

FL

85 Zip Code

33759

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 JOHN M. COOK II

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07/22/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BERTRAM S BECKOFF
STREET ADDRESS 11641 OAK AVENUE
CITY-ST-ZIP SEMINOLE FL-33772

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME JOHN M COOK II
1.3 STREET ADDRESS 2615 WEST GRAND RESERVE CIRCLE
1.4 CITY-ST-ZIP CLEARWATER FL-33759

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME CHARLES S BELL
2.3 STREET ADDRESS 8400 RIVERSIDE DR NE
2.4 CITY-ST-ZIP ST PETERSBURG FL 33702

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 000002978800--7
4.3 STREET ADDRESS -09/03/99--01091--021
4.4 CITY-ST-ZIP *****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN M COOK II PRESIDENT

07/22/1999

727-847-5280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)