

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90091 028 ***150.00

DOCUMENT # 673562

1. Corporation Name
PRECISION SECURITY SYSTEMS, INC.



Principal Place of Business Mailing Address
7400 SW 50TH TERR
STE 304
MIAMI FL 33155
US 7400 SW 50TH TERR
STE 304
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1980

4. FEI Number
59-1992379

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
21 **3880 N. 28th Terrace**
Suite, Apt. #, etc.

2a. Mailing Address
26 **3880 N. 28th Terrace**
Suite, Apt. #, etc.

City & State
23 **Hollywood Fl.**
Zip Country
24 **33020** 25 **US**

City & State
28 **Hollywood, Fl. 33020**
Zip Country
29 **33020** 30 **US**

9. Name and Address of Current Registered Agent

WESTON, DAVID C.
7400 SW 50TH TERRACE
STE 304
MIAMI FL 33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VSD	WESTON, DAVID C.	7400 SW 50TH TERR STE 304	MIAMI FL	<input type="checkbox"/>
PD	CLARK, RICHARD J	7400 SW 50TH TERR STE 304	MIAMI, FL 00000	<input checked="" type="checkbox"/>
V	CHIVERS, JEFF	7400 SW 50TH TERR STE 304	MIAMI, FL 00000	<input checked="" type="checkbox"/>
T	CLARK, N	7400 SW 50TH TERR STE 304	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Richard Ginsburg	3880 N. 28th Terrace	Hollywood, FL 33020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	Sheilah Ginsburg	3880 N. 28th Terrace	Hollywood, FL 33020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Darius Nevin	3880 N. 28th Terrace	Hollywood, FL 33020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)