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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768824					
1. Corporation Name THE PASCO COUNTY SECURITY PATROL ASSOCIATION, INC.					
Principal Place of Business STERNIG, JIM 7531 EMBASSY BLVD PORT RICHEY FL 34668 US			Mailing Address 7531 EMBASSY BLVD PORT RICHEY FL 34668 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/09/1983 4. FEI Number 59-2877014 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STERNIG, JIM 7531 EMBASSY BLVD PORT RICHEY FL 34668			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME P STERNIG, JIM STREET ADDRESS 7531 EMBASSY BLVD CITY-ST-ZIP PORT RICHEY FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME V HOOPS, CHRIS W. STREET ADDRESS 9817 TRADEWINDS DRIVE CITY-ST-ZIP PORT RICHEY FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME T GALLAGHER, JAMES F STREET ADDRESS 8606 PAXTON DR CITY-ST-ZIP PT RICHEY FL 34668			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME MARKLE, TRACY STREET ADDRESS 9533 ANDY DRIVE CITY-ST-ZIP HUDSON FL			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME NUZZI, LOUIS 4.3 STREET ADDRESS 8830 PAXTON DRIVE 4.4 CITY-ST-ZIP PORT RICHEY, FL 34668		
TITLE <input type="checkbox"/> DELETE NAME D BUDD, MARGO STREET ADDRESS 11121 BLUEBIRD DR CITY-ST-ZIP DADE CITY FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D MOSKOWITZ, ARTHUR STREET ADDRESS 28538 TWINBROOK LANE CITY-ST-ZIP WESLEY CHAPEL FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Jim Sternig*

SIGNATURE REQUIRED

03-10-99

845-5991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)