FILED May 06, 1999 8:00 am Secretary of State

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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

1. Corporation) /					
SECURIT	Y MANAGEMENT CORP						
Principal Place	of Business	Mailing Address			T (OB) DE IBIIO LIBIB INCONTRAIN COURT COURT	i i i i i i i i i i i i i i i i i i i	
6917 COLLINS	AVE.	6917 COLLINS AVE.					
MIAMI BEACH FL 33141		MIAMI BEACH FL 33141		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					12/23/1968		
2. Principal Pl	ace of Business	2a. Mailing Address		·	4. FEI Number	Apr	olied For
21		26			52-0618729		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
22		27					
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
23	Country	28	Country		8. This corporation owes the current y		77 003
24	25	29 3	_ ·		Personal Property Tax.		□No
24	9. Name and Address of Curre	1 - 1	-1		10. Name and Address of New Regis	stered Agent	
····			81	Name			
NESTOR, BRENDA 82				Street Addre	ess (P.O. Box Number is Not Acceptable)		****
6917 COLLINS AVENUE							
SUITE 1611			83				
MIAN	AI BEACH FL 33141		84	City		85 Zip C	ode
						FL S Z S	rogistoro d
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida. Such change was autl	, the above- horized by th	named corpo he corporatio	oration submits this statement for the purp on's board of directors. I hereby accept the	appointment as rec	jistered
agent. I ar	n familiar with, and accept the oblid	ations	'- Contutes.				
SIGNATURE	Signature, tv	, и прикане. (NOTE: R	egistered Agent	signature required	d when reinstating) D)ATE	<u> </u>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	VDAS/	☐ DELETE	1.1 TITLE			Change	Addition
NAME	FIELD, LISA M	SA M					
STREET ADDRESS	6917 COLLINS AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BCH, FL 0 33141		1.4 CITY-ST-	ZIP		(7.0)	- Addising
TITLE	ASC	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	LAUNER, BLANCHE S.		2.2 NAME				
STREET ADDRESS	6917 COLLINS AVE.		2.3 STREET				
CITY-ST-ZIP	MIAMI BCH. FL 33141	DELETE DELETE		- ZIP		☐ Change	Addition
TITLE	D COLUMN MELLAM D		3.1 TITLE 3.2 NAME				
NAME STREET ADDRESS	COLVIN, MELVIN R 6917 COLLINS AVE.		3.3 STREET	AODRESS			
STREET ADDRESS	MIAMI BEACH FL 33141		3.4. CITY-ST				•
CITY-ST-ZIP TITLE	CPCD	☐ DELETE	4.1 TITLE		a hairman, Pres CE	Change	. חנ
NAME	POSNER, VICTOR		4. 2 NAME	(chairman, Pres. CE and Director	, ,	
STREET ADDRESS	6917 COLLINS AVE.		4.3 STREET				
CITY-ST-ZIP	MIAMI BEACH FL 33141		4.4 CITY-ST-	ZiP			
TITLE	EDST	☐ DELETE			xec. V.P. Sect. Treas	Change	Addition
NAME	NESTOR, BRENDA				exec. V.P. Sect, Treas	ŧ	
STREET ADDRESS	6917 COLLINS AVE.		5.3 STREET	55,1200	•		
CITY-ST-ZIP	MIAMI BEACH FL 33141		5 4 CITY-ST-	ZiP			Lul Fariti
TITLE	VATD	☐ DELETE	6.1 TITLE			Change	Addition
NAME	POSNER, GAIL		6.2 NAME	ADDDEEC			
STREET ADDRESS	6917 COLLINS AVE		6.3 STREET	HUUKESS			

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.

64 CITY-ST-ZIP

SIGNATURE:

MIAMI BEACH FL 33141