## 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 # F9500000923

1. Corporation		W INC					
BLACK	BELT SECURITY & DETECTI	VE, INC			1 1281188 htts (2/2) 81111 82111 82111 82111		
-							
Principal Place of Business Mailing Address					-{ 1002/1005/1100 10100/ 01211 00112 00121 00211 0	AND BUILD HAD HELD IN A	<b>4</b> 11 <b>004</b> 1111 1 <b>00</b> 1
3540 PLEASANT HILL RD 3540 PLEASANT HILL RD							
KISSIMMEE FL	KISSIMMEE FL 34746			20 107 1107			
					DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	HIS SPACE	
					02/24/1995		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ar	oplied For	
21					06-1043692	No	ot Applicable
		Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22 27 City & State		City & State	City & State				equired
23 28		<b>⊢</b> ′	Ony & Cizate		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		This corporation owes the current year		101000
24			30		Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
НДВ	AZY, HASSAN A		81 1	ame			
BLA 3540 PLEASANT HILL RD STEED STATE STAT			<b>82</b> S	treet Addr	ess (P.O. Box Number is Not Acceptable)		
. KISSIMMEE FL 34746			83			3 1 2 145 j. j. 390	- 545 / CESS (A 3 日239 7日 10数
			84 0	ity	F	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-na	med corpo	oration submits this statement for the purpose	of changing its	registered
agent, I a	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was autons of, Section 607.0505, Flori	thorized by the da Statutes.	corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent sig	nature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DC IN 12
TITLE	CDPT	DELETE	1.1 TITLE		- ·	☐ Change	Addition
NAME	HAMZY, HASSAN A		1.2 NAME		• .		
STREET ADDRESS	3540 PLEASANT HILL RD.		1.3 STREET ADO	RESS			
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-ST-ZIP				
TITLE	CDVS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	HAMZY, ANN S		2.2 NAME				
STREET ADDRESS	3540 PLEASANT HILL RD. KISSIMMEE FL 347461 TO A CONTROL OF THE ACCUSATION OF THE ACC		2.3 STREET ADD				
CITY-ST-ZIP	MOSHWALE IL 34740	☐ DELETE	2. 4 CMY-ST-ZIP 3.1 TITLE			☐ Change	Addition
NAME		A	3.2 NAME			_ •	
STREET ADDRESS	le li barari variti" () i diserre		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP			15 x 1	11. 4 1
TITLE **		☐ DELETE	4.1 TITLE			- ☐ Change	¹ ᢓ ⊡ Addition
NAME PLEASAS		The second	4. 2 NAME				
STREET ADDRESS	Tig Re	Marine F	4.3 STREET ADD				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	DESTRUCTION AND A STATE OF THE		5.3 STREET ADDRESS				
CITY-ST-ZIP	0007		5.4 CITY- ST- ZIP				
TITLE	(14) (14) (14) (14) (14) (14) (14) (14)	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME :	The state of the s		6.2 NAME	DECC.			
STREET ADDRESS	programme and the contract of		6.3 STREET ADD	ベニシシ			

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 10 in the report as required by Chapter 607.

6.4 CITY-ST-ZIP

SIGNATURE:

O(3)

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90015 020 \*\*\*150.00