FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000003948 (4) DOCUMENT #

NIK PUBLIC SAFETY, INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



13386 INTERNATIONAL PARKWAY JACKSONVILLE FL 32218		13386 INTERNATIONAL PARKWAY JACKSONVILLE FL 32218		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 08/02/1996 		
2. Principal Place of Business 2a. Mailing Addres			s		4. FEI Number	App	lied For
21		26		59-3390106	Not Applicable		
Suite Apt	#, etc.	Suite, Apt. #, etc.			\$9.75 Additional		
22		27			5. Certificate of Status Desired	Fee Req	uired
City & Sta	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Countr	y	8. This corporation owes or has paid the c		
24	25	29 30			Personal Property Tax due June 30. Yes No		
<u> </u>	9. Name and Address of Curr				10. Name and Address of New Registere	d Agent	
C	ORPORATION SERVICE COMP	ANY	81	Name			
1201 HAYS STREET TALLAHASSEE FL 32301-2525			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
			83				
			"	1			
			84	City	F	85 Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-named cor	rporation submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was a ligations of Section 607.0505. Flo	outhorized b orida Statute	y the corpora	ation's board of directors. I hereby accept the ap-	ppointment as re	egistered:
	,						
SIGNATURE	Signature, typed or pointed name of registered.	agent and title if applicable (NOTe	Registered Ap	pen signature req	juired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DC	DELETE	1.1 THILE			☐ Change	Addition
NAME	KANDERS, WARREN B		1.2 NAME				
STREET ADDRESS			1.3 STREE	t address			1
CITY-ST-ZIP	YULEE FL 32097		1.4 CITY-	ST-ZIP			·
TITLE	DP	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SPILLER, JONATHAN M		2.2 NAME				
STREET ADDRESS	191 NASSAU PL RD		2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	YULEE FL 32097		2. 4 C(TY-	-ST - ZiP			T Large .
TITLE	CEO					Change	Addition
NAME	SPILLER, JONATHAN M		32 NAME	- 1			
STREET ADDRESS	191 NASSAU PL RD			T ADDRESS			
CITY+ST-ZIP	YULEE FL 32097 VSY		3.4. CITY	-ST-ZIP		Change	Addition
TITLE	VST PLIDVE CAROL T	L Utitit	4 1 TITLE			□ cuange	L. Addition
NAME	BURKE, CAROL T 191 NASSAU PL RD		4. 2 NAM	i			
STREET ADDRESS	YULEE FL 32097			T ADDRESS			
CITY-ST-ZIP	U SCUBI			ST-ZIP		Change	Addition
TITLE	FLAHERTY, JOSEPH	NZ DETER	5.1 TITLE 5.2 NAME			C Culturate	
NAME	191 NASSAU PL RD						
STREET ADDRESS	YULEE FL 32097			T ADDRESS			
CITY-ST-ZIP	TOLLE I C 32087	DELETE	5 4 CITY- 6 1 TITLE	SI-ZIP		☐ Change	Addition
TITLE	1	□ ptrut				FT Cliquide	nounion
NAME	1		6.2 NAME				
STREET ADORESS	1			T ADORESS			
CITY-ST-ZIP			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 supplieriental 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

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