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	

003627

DOCUMENT # F96000003948

1. Corporation Name

NIK PUBLIC SAFETY, INC.

Principal Place of Business	Mailing Address
13386 INTERNATIONAL PARKWAY JACKSONVILLE FL 32218	13386 INTERNATIONAL PARKWAY JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/02/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-3390106**	Applied For
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		Not Applicable

City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip 24 — Country 25	Zip 29 — Country 30	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DC	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME KANDERS, WARREN B		1.2 NAME	
STREET ADDRESS 191 NASSAU PL RD		1.3 STREET ADDRESS	13386 International Pkwy.
CITY-ST-ZIP YULEE FL 32097		1.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE DP	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME SPILLER, JONATHAN M		2.2 NAME	
STREET ADDRESS 191 NASSAU PL RD		2.3 STREET ADDRESS	13386 International Pkwy.
CITY-ST-ZIP YULEE FL 32097		2.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE CEO	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME SPILLER, JONATHAN M		3.2 NAME	
STREET ADDRESS 191 NASSAU PL RD		3.3 STREET ADDRESS	13386 International Pkwy.
CITY-ST-ZIP YULEE FL 32097		3.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE VST	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME BURKE, CAROL T		4.2 NAME	
STREET ADDRESS 191 NASSAU PL RD		4.3 STREET ADDRESS	13386 International Pkwy.
CITY-ST-ZIP YULEE FL 32097		4.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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   4/26/99   904 741-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #