

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005037** ✓

1. Corporation Name

SAFEGATE AIRPORT SYSTEMS, INC.

Principal Place of Business

**1700 NW 124TH AVE. SUITE 135
CORAL SPRINGS FL 33065**

Mailing Address

**3700 NW 124TH AVE. SUITE 113
CORAL SPRINGS FL 33065**

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90010 010 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

65-0303945

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

1

Suite, Apt. #, etc.

2

City & State

3

Zip

4

Country

25

2a. Mailing Address

26 **3700 NW 124 AVE STE 113**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LEEDS, MICHAEL H
BLANK ROME COMISKY & MCCAULEY
1200 N FEDERAL HWY
BOCA RATON FL 33431**

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 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

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **OSSEIRAN, SALAH N**
STREET ADDRESS **PO BOX 86892 (N/A)**
CITY-ST-ZIP **RIYADH, SAUDI ARABIA**

TITLE **P** ☒ DELETE

NAME **SOUBRA, MAHMOUD**
STREET ADDRESS **3700 NW 124TH AVE, SUITE 135**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **S** ☒ DELETE

NAME **SOUBRA, FADI**
STREET ADDRESS **8805 NW 18TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **T** ☐ DELETE

NAME **POWELL, RICHARD**
STREET ADDRESS **100 WILLABROOK LN**
CITY-ST-ZIP **WEST CHESTER PA 19382**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **893 S. MATLACK ST.**

2.4 CITY-ST-ZIP **WEST CHESTER PA 19382**

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **Michael H. Leeds**

3.4 CITY-ST-ZIP **Blank Rome Comisky**

1200 N. Federal Highway - Suite 309

BOCA RATON, FL 33431

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **893 S MATLACK ST.**

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

Date

610-430-8220

Daytime Phone #

CR2E034 (5/99)