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

POCUMENT # F9700002114 (3)

FLORIDA SECURITY HOLDINGS, INC.

FILED Feb 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 125 FRONTAGE ROAD 125 FRONTAGE ROAD **ORANGE CT 06477 ORANGE CT 06477** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 06-1436209 Not Applicable 21. 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MACDONNELL, RUSSELL R **6185 MARINER SANDS DRIVE B2** Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change TITLE MACDONNELL, RUSSELL R CR2E034 1.2 NAME NAME **5 MOLLY LANE** STREET ADDRESS 1.3 STREET ADDRESS DARIEN CT 06820 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HILL, HUSTON F NAME 2.2 NAME 3300 N.E. 191ST STREET #1815 STREET ADDRESS 2.3 STREET ADDRESS **ADVENTUA FL 33180** CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KANDEL, GEORGETTE L NAME 3.2 NAME STREET ADDRESS 1460 ELM STREET 3.3 STREET ADDRESS STRATFORD CT 06497 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

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.

6.4 CITY-ST-ZIP

0.0114-115-

CITY-ST-ZIP

Kully 1

2/12/08 203-796 0000