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 May 06, 1999 8:00 am Secretary of State

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05-06-1999 90110 050 ***150.00

FILED

DOCUMENT # F9700005135

U.S. SECURITY INC.

Principal Place of Business Mailing Address						T (ANTICAR CIPIL DENIS ANTIC RATE ON CO.	port mara f a ti bl	15 000 JU	e: 8 111 1884
4100 PERIMETER CTR #200 4100 PERIMETER CTR #200						<u>{</u>			
OKLAHOMA CITY OK 73112 OKLAHOMA CITY OK 73112						DO NOT WRITE IN THIS SPACE			
3838 NM 36 TH SUITE SOC						Date Incorporated or Qualifed			
OKL	A. City, OK	73112				10/01/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied			ed For
26						73-1487125	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 Additional		
27						Fee Re			
City & State City & State						6. Election Campaign Financing	\$5.00 May Be Added to Fees		
23 28 28			Country						
Zìp	Country	Zip [30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	9. Name and Address of Curren		30			10. Name and Address of New Register			
	Traine and Address of Carter	it itogioterou rigoni	- 1	31 N	ame				
RAT	LIFF, JEAN		L.	<u>.</u>		(D.O. B. Markaria Net Assertable)			
11674 STARFISH AVE			Ι,	32 S	treet Addr	ress (P.O. Box Number is Not Acceptable)			
JAC	KSONVILLE FL 32246			33					
			Ļ		24		105	Zip Co	do.
			1	84 C	ity	Į.	-L ⁸⁵	Zip Co	de
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
		ID DIRECTORS	1,1 7771			ADDITIONS/CHANGES TO OFFICERS	Cha		Addition
TITLE NAME	PDST PHILLIPS, DELBERT L JR	<u></u>	1.2 NAM				_	•	_
STREET ADDRESS	1011			EET ADO	DRESS				
CITY-ST-ZIP	OKLAHOMA CITY OK 73122			-ST-ZIF					
TITLE	DV	☐ DELETE	2.1 TITL				☐ Cha	nge	Addition
NAME	RATLIFF, RICK		2.2 NAN	SE.					
STREET ADDRESS			2.3 STR	EET ADI	RESS				
CITY-ST-ZIP	OKLAHOMA CITY OK 73127		2.4 CIT	Y-ST-ZI	Р				
ITILE		DELETE	3.1 TITLE			•	Cha	nge	Addition
NAME	1		3.2 NAM	Œ					
STREET ADDRESS			3.3 STR	EET ADI	DRESS				
CITY-ST-ZIP			-	Y-ST-ZI	Р		C) Cho		□ Addition
TITLE	}	☐ DELETE	4.1 TITL		-		Cha	nge	☐ Addition
NAME			4, 2 NA						
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CITY-ST-ZIP		DELETE	_	/-ST-ZIF	- +-		Cha	nge	Addition
TITLE	Į.	☐ ∩£reie	5.1 TITL 5.2 NAM					g-	
NAME	}		1	EET ADI	DRESS				
STREET ADDRESS	i		- 6	-ST-ZIF	ſ				
CITY-ST-ZIP	 	DELETE	6.1 TITU		-		[] Cha	nge	Addition
TITLE		[] VELETE	6.2 NAM				L. 5110		
NAME				EET ADO	nece				

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

timent with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 Date

405-917-5566