

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

0556382

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90078 004 ***150.00

DOCUMENT # F98000000354

1. Corporation Name
TERMARK SECURITY SYSTEMS, INC.

Principal Place of Business
1919 CENTRAL AVE
CHEYENNE WY 82001

Mailing Address
1919 CENTRAL AVE
CHEYENNE WY 82001



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1998

4. FEI Number

65-018277Y

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$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 Tax.

X

□ No

2. Principal Place of Business

21 200 W 17TH ST.

Suite, Apt. #, etc.

22 SUITE 80

City & State

23 Cheyenne WY

Zip

24 82001

Country

25

2a. Mailing Address

26 200 W. 17th St.

Suite, Apt. #, etc.

27 SUITE 80

City & State

28 Cheyenne WY

Zip

29 82001

Country

30

9. Name and Address of Current Registered Agent

SHEPARD, MURRAY E ESQ
409 SE 7TH ST
FT LAUDERDALE FL 33301

New
Addr. →

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

100 SOUTH PINE ISLAND RD # 201

83

84 City

Plantation

FL

85 Zip Code

33324

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 CP
NAME MRAKOVICH, TERRY L CPP
STREET ADDRESS 1919 CENTRAL AVE
CITY-ST-ZIP CHEYENNE WY 82001

□ DELETE

TITLE D
NAME MRAKOVICH, BETTY L
STREET ADDRESS 1919 CENTRAL AVE
CITY-ST-ZIP CHEYENNE WY 82001

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD
1.2 NAME TERRY L. MRAKOVICH CPP
1.3 STREET ADDRESS 200 W. 17TH ST - SUITE 80
1.4 CITY-ST-ZIP CHEYENNE, WY 82001

X Change

□ Addition

2.1 TITLE STD
2.2 NAME BETTY L. MRAKOVICH
2.3 STREET ADDRESS 200 W. 17TH ST. - SUITE 80
2.4 CITY-ST-ZIP CHEYENNE, WY 82001

X Change

□ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

□ Change

□ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

□ Change

□ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

□ Change

□ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change

□ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)