## 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** 

## **DOCUMENT #** F98000002260 1. Corporation Name

SELECT SECURITY, INC.

Dringing Place of Business

Mailing Address

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90172 026 \*\*\*150.00



, inicipal i laci	o 0, 50						
1706 HEMPSTEAD ROAD 1706 HEMPSTEAD							
LANCASTER PA	17601	LANCASTER PA 17601			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		
					04/21/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21	•	26 P.O. BOX 108	7		23-2933441	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			\$8.75	Additional
22	•	27			5. Certifcate of Status Desired	Fee R	tequired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28 Lancaster.	A4		Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intar	ngible	
24	25	29 17605-0817 30	W.	A	Personal Property Tax.	Yes	<u>⊡</u> No
	9. Name and Address of Currer				10. Name and Address of New Registered A	gent	
			81	Name			
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD			"	Ou cor A	action (		
Plan	NTATION FL 33324		83				
			94	0:1:		es 7in	Code
			84	City	FL	<b>85</b>   Zip	COUG
office or r	egistered agent, or both, in the State	of Florida. Such change was autho	rized by	the corpora	orporation submits this statement for the purpose of cl ation's board of directors. I hereby accept the appoint	nanging it ment as r	s registered egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	•			
SIGNATURE	Signature, typed or printed name of registered age	not and title if applicable. (NOTF: Reni	stered Ager	nt signature reg	juired when reinstating) DATE		\
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	CPST		1.1 TITLE	$\overline{}$	V ,	Change	Addition
NAME	EGAN, PATRICK M	i	1.2 NAME	-	Joseph J. Cassidy 1700 Hempstead Rd. Lancaster, DA 17601		ĺ
STREET ADDRESS	1706 HEMPSTEAD ROAD		1.3 STREET	TADORESS	iza Hemstead Rd.		Ì
	LANCASTER PA 17601		1.4 CITY-S	T-7IP	LOACOSTER DA 17601		
CITY-ST-ZIP TITLE	LANDAULITIA 17001	☐ DELETE	2.1 TITLE		CIANCIAN COLL I 1001	☐ Change	Addition
NAME		<u></u>	2.2 NAME	ļ		-	ļ
			2.3 STREET	r ADDRESS			
STREET ADORESS							
CITY-ST-ZIP		☐ DELETE	2, 4 CITY-S 3,1 TITLE	31-207		Change	Addition
TITLE			3.2 NAME				
NAME				LADDDCCC			
STREET ADDRESS				FADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	IT-ZIP		( Change	☐ Addition
TITLE		C) DECE1E	4.1 TITLE	)			
NAME			4. 2 NAME	ļ			
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Chan	☐ Addition
TITLE			5.1 TITLE			Change	☐ Addition
NAME		İ	5.2 NAME				ĺ
STREET ADDRESS				FADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-7IP	1		6.4 CITY-S	T-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 angual 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 corpolation or the receiver of 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: