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 # G10301 1. Corporation Name

RELIABLE SECURITY SYSTEMS, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90024 002 ***150.00



						-) WINIX QEDEN (NQ)	
Principal Place	e of Business	Mailing Address								
3336 SW 16TH ST 3336 SW 16TH S FT LAUDERDALE FL 33312 FT LAUDERDALE			L 33312			DO NOT WRITE IN THIS SPACE				
•						3. Date Incorporated or Qualifer 10/27/1982				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	
	nace of Business	26			59-2306249		├	lot Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				33 2000243			Additional	
22		27				5. Certificate of Status Desired Fee Required				
City & State	e	City & State]			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	Zip Country			Trust Fund Contribution			to Fees	
Zip				nuy	G. This supplication of the same of the sa					
24	9. Name and Address of Current Registered Agent					Personal Property Tax. 10. Name and Address of New	Pagistore			
	9. Name and Address of Current		81	Name	TO. Maine and Address of New	registere	u Agent			
RAS		118								
	S, MICHAEL R S ANDREWS AVE					t Address (P.O. Box Number is Not Acceptable)				
	AUDERDALE FL 33301		_							
F1 L	MODEUDATE LE 20001		}	83						
			[84	City	η.	, ii F	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered /	Agent	signature required	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS.	AND DIRECT	ORS IN 12	
TITLE	PST	☐ DELETE						Change	Addition	
NAME	RENNHACK, RONALD	1.2		1.2 NAME						
STREET ADDRESS	3336 SW 16TH ST		1.3 STREET ADDRESS		ADDRESS				ì	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		ZIP					
TITLE	VD DELETE		2.1 TITLE					☐ Change	Addition	
NAME	RENNHACK, RONALD		2.2 NA	2.2 NAME						
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CITY-ST-ZIP			3.4. CITY-ST-ZIP		ľ				[
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NAME				5.2 NAME					ļ	
STREET ADDRESS			5.3 STF	REETA	ADDRESS				ł	
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CITY-ST-ZIP TITLE	DELETE			6.1 TITLE				☐ Change	Addition	
Į.			6.2 NA						_	
NAME			•		ADDRESS				ſ	
STREET ADDRESS	•		6.4 CIT		Į					
CITY-ST-ZIP			0.4 UII	1-31-		nation 140 07/2\/i\ Flacida Statutas				

4. 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 informatic 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. I further certify 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. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes. I further certify that the informatic indicated in Statutes in Statutes. I further certify that the informatic indicated in Statutes in Statutes. I further certify that the informatic indicated in Statutes in Statutes. I further certify that the informatic indicated in Statutes in Statutes. I further certified in Statutes in Statu

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #