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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # J30595

1. Corporation Name

(9)

BRANDENBURG SECURITY & COMMUNICATION SYSTEMS, IN C.

FILED Mar 11 1998 8:00am Secretary of State



Bilancia Diago of Pusings									
Principal Place of Business Mailing Address									
9 PALM PLAZ HOMESTEAD		9 PALM PLAZA	9 PALM PLAZA HOMESTEAD FL 33030			-			
HOMESIEAD	rt 33030	HOWESTEAD FE 33030				DO NOT WRITE IN THIS S	SPACE		
						ļ	3. Date Incorporated or Qualified 08/27/1986	7.02	
9 Principal D	lace of Business	2a. Mailing Address					4. FEI Number	- 	A
	Idde Of Busiliess	 			Į			Applied For	
21	4 10	Cuito Art # alo				59-2742594 Not Applicable			
Suite, Apt.	#, €IC	Suite, Apt. #, etc.				5. Certificate of Status Desired	4	5 Additional	
22		27							Required
City & State	0	City & State	City & State				Election Campaign Financing		0 May Be
23	28						Trust Fund Contribution	Adde	ed to Fees
Zıp	Country	Zφ	Col	untry		İ	8. This corporation owes or has paid the cur		
24	25	[29]	30	,				Yes	□ No
	9. Name and Address of Curre	nt Registered Agent		81			10. Name and Address of New Registered	\gent	
Brandenburg, Michael L.					Nan	me			
9 PALM PLAZA				82 Street Address (P.O. Box Number is Not Acceptable)					
	MESTEAD FL 33030		62 Street A			BEL AGGIES	s (P.O. Box Number is Not Acceptable)		-
				B3					
				Ш	L				
				84	City	<i></i>		85 Zi	ip Code
		00 1007 4500 5		لــــــــــــــــــــــــــــــــــــــ					
office of t	enistered agont or both in the Stat	e of Florida. Such change was	s pulhariza	าก ทง	/ the c	ed corporation	ation submits this statement for the purpose of is board of directors. I hereby accept the app	cnanging intment i	as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, I	Florida Sta	tutes	ł.				
SIGNATURE						_			
	Signature, typed or printed name of registered as				nt signa	ature required o	when reinstaling) DATE		
12.		ND DIRLCTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	L DELETE	1.1 1	ITLE				Change	e 🔲 Addition
NAME	BRANDENBURG, MICHAEL	L.	1.2 N	IAME					
STREET ADDRESS	9 Palm Plaza		1.3 S	TREET	ADDRES	ss			
CITY - ST - ZIP	HOMESTEAD FL		1.4 C	ITY-S	T-ZIP	ľ			
TITLE	VPD	DELETE	2.11					Change	e 🔲 Addition
NAME	RAPISARDO, KATHY			2.2 NAME					
STREET ADDRESS	40004 0 144 004 07			2.3 STREET ADDRESS					
	HOMESTEAD FL	HOMEOTEAD CI			2.4 City-St-Zip				
CITY-ST-ZIP	SD DELETE			3.1 TITLE				Change	e Addition
TITLE	RAPISARDO, KATHY S.	☐ OELEIE				1		LT CHAUGE	5 LJ MODRION [
NAME			3.2 N						
STREET ADDRESS	16801 SW 301 ST		3.3 \$	TREET	ADDRES	ss			
CITY-ST-ZIP	HOMESTEAD FL				ST-ZIP			 -	
TITLE		☐ DELETE	417	ITLE		1		Change	e 🔲 Addition
NAME			4 21	NAME					
STREET ADDRESS			4.3 5	TREET	ADDRES	ss			
City-St-ZIP			4.4 C	ity-si	T-ZIP	i			
TITLE		DELETE	5.1 T	~~~				Change	e Addition
NAME			5.2 N			Ì			
					ADDRES				
STREET ADDRESS						×			J
CITY-ST-ZIP		DELETE		ITY-S	ı - ZIP			Chara	n Addition
TITLE		LJ DECEIE	61 T			- 1		Change	e 🔲 Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TAEET	ADDRES	ss			
CITY-ST-ZIP				HTY-SI					i
	ertify that the Information supplied	with this filing does not qualify	for the ex	empl	tion st	tated in Se	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that th	he information

a. I nereby corruly that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 this 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.

SIGNATURE:

Motorx

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3-5-9

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