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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J35125

(0)

FILED Apr 08 1998 8:00am Secretary of State

CORTIS	S SECUHITY SYSTEMS, INC	<i>j</i> ,			
Principal Plac	e of Business	Mailing Address		T INDIVIDENTAL BINGS OFFICE STORE THE CITY OF	DIT DIRECT WERE BEALT MEDIT DEBIT TRAF
5398 SPRING	HILL DR.	5398 SPRING HILL DR.			
SPRING HILL	FL 34606	SPRING HILL FL 34806		DO NOT WRITE IN	THIS SPACE
US		US		3. Date Incorporated or Qualified	THIS SI ACE
				09/26/1986	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 407	8 COMMERCIAL W	AU26 4078 COM	MMERCIAL WK	94/ 59-2726910	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	NGHILL FL	City & State SPRING H	III Ec	6. Election Campaign Financing	\$5.00 May Be
		28 SPEINO 17	Country, C		Added to Fees
24 3460	06 by "US	34606		 This corporation owes or has paid the Personal Property Tax due June 30 	I
24, - 10-	9. Name and Address of Curren		1901 -	10. Name and Address of New Regis	
NE	LSON, JUDITH		81 Name		
	96 SPRING HILL DR.		82 Street Ad	Idrees (D.O. Boy Number is Not Assentable)	
	RING HILL FL 34606			dress (P.O. Box Number is Not Acceptable)	AKKITZ
			83		
			84 City	., -	85 Zip Code
				UTZ	FL 85 Zip Code 33549
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the above-named co	proporation submits this statement for the purporation's hoard of directors. I bereby accept the	be appointment as registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both in the State and familier with, and according the obligations.	02 and 607 1508, Florida State of Florida, Such change was lations of, Section 607 0505, F	utes, the above-named co authorized by the corpor lorida Statutes.	orporation submits this statement for the purpration's board of directors. I hereby accept the	he appointment as registered
11. Pursuant office or r agent. I a SIGNATURE	Just nel	our pres.	JUDITH NE	RSON, PRES.	bose of changing its registered the appointment as registered $\sqrt{5-/9}$
SIGNATURE	Signary typed or printed name of registured age	ory Urus . Pot and title if applicable (NC	JUDITH NE	CSON PRES.	3 / 9 8 DATE
	Just nel	ory Urus . Pot and title if applicable (NC	JUDITH NE	RSON, PRES.	DATE AS AND DIRECTORS IN 12
SIGNATURE	Storage 1950d or printed name of registered age OFFICERS ANI	ent and title if applicable (NC	JUDITH NE DIE: Registered Agent signalure rec 13. 11 TITLE	autred when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE AND DIRECTORS IN 12 Change
SIGNATURE 12. TITLE	Storage 1950d or printed name of registered age OFFICERS ANI P NELSON, JUDITH	ent and title if applicable (NC	JUDITH NE DIE: Registered Agent signalure rec 13. 11 TITLE	autred when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE AND DIRECTORS IN 12 Change
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Storage 1950d or printed name of registered age OFFICERS ANI P NELSON, JUDITH 14212 BANBURY WAY	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	autred when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE RIS AND DIRECTORS IN 12 ACCEPTAGE Addition RRITZ 49
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Storage 1950d or printed name of registered age OFFICERS ANI P NELSON, JUDITH 14212 BANBURY WAY	D DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	autred when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE RIS AND DIRECTORS IN 12 ACCEPTAGE Addition RRITZ 49
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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 supplimental 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 cerporation or the receiver of vivistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.