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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90060 032 ***158.75

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K21927

Corporation Name

Principal Place of Business

GABRIEL SECURITY CORPORATION INC.

% ADEBOLA AU 6600 N.W. 27TH MIAMI FL 33147	H AVE.	% ADEBOLA ADEIFE 6600 N.W. 27TH AVE. MIAMI FL 33147	I.W. 27TH AVE.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/27/1988			
		1.0						
2. Principal Pl	tace of Business	2a. Mailing Address	⊢ '		4. FEI Number	<u> </u>	lied For	
21		26			65-0049943		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A			
City & State	e	City & State			6. Election Campaign Financing	¬ \$5.00 №	fav Be	
23	•	28			Trust Fund Contribution	Added to		
Zip			Country	untry 8. This corporation owes the current year Intangible		ent vear Intangible		
24	25 29 30		0	Personal Property Tax.			⊐No I	
	9. Name and Address of Current		-1		10. Name and Address of New I	Registered Agent		
			81	Name		· · · · · · · · · · · · · · · · · · ·		
ADEI	ife, adebola							
6600 N.W. 27TH AVE.		•	82 Street Addr		ress (P.O. Box Number is Not Acceptable)			
	MI FL 33147					<u> </u>	51441 1441	
MIM	WI FL 33147		83	i				
			84	City	The second secon	E1 85 Zip C	ode	
44 5		2 4 007 1500 Florida Statuta	455		antian automite this statement for the	purpose of changing its s	naistorad	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corporation	on's board of directors. I hereby accep	pt the appointment as regi	stered	
•	attratinal with and accept the congar	dons of, decidar our losco, riona	. Clarato	·.	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	ocistored Ace	nt eignature requirer	d when reinstating)	DATE	1	
12.	OFFICERS AN		13.	in agricular require	ADDITIONS/CHANGES TO OF		S IN 12	
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†	ADEIFE, ADEBOLA 6600 NW 27TH AVE	☐ DELETE	1.2 NAME	T ADDRESS	P\$*	☐ Change	Addition	
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I. 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 on an attachment with an address, with all other like empowered.

SIGNATURE

TYPED OR PRINTEN NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)