

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90195 011 ***150.00

DOCUMENT # K63095

1. Corporation Name

CANINE SECURITY SERVICE, INC.

Principal Place of Business

4153 SOUTHWEST 47TH AVE
SUITE 109
DAVIE FL 33314

Mailing Address

4153 SOUTHWEST 47TH AVE
SUITE 109
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1989

4. FEI Number

65-0100583

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4701 SW 45 ST.

Suite, Apt. #, etc.

22 Bldg 20 Bay 2

City & State

23 DAVIE, FL

Zip

24 33314

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P.O. Box 291505

City & State

28 DAVIE, FL

Zip

29 33314

Country

30

9. Name and Address of Current Registered Agent

QUAREQUIO, MICHAEL J ESQ
500 SE 6TH STREET
SUITE 100
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME LOMBARD, PETER J JR
STREET ADDRESS 4153 SOUTHWEST 47TH AVE, SUITE 109
CITY-ST-ZIP DAVIE FL 33314

TITLE V ☐ DELETE

NAME LOMBARD, PATRICIA
STREET ADDRESS 4153 SOUTHWEST 47TH AVE, SUITE 109
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4701 SW 45 ST. Bldg 20 Bay 2

1.4 CITY-ST-ZIP DAVIE, FL. 33314

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4701 SW 45 ST Bldg 20 Bay 2

2.4 CITY-ST-ZIP DAVIE, FL. 33314

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)