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

**PROFIT** CORPORATION ANNUAL REPORT 1998 **DOCUMENT** #

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

K66283

(8)

ALLIED SECURITY INC.

**FILED** May 13 1998 8:00am Secretary of State

ACLICO	OLOOMIT INO.				
Principal Place	e of Business	Mailing Address		F I SEALONN ON OTHER STITLE NEEDLE STATE STATE	RÁDIS BIÐSI ÐIÐSI ÐIÐSI ÐIÐSI ÍÐUS
% C T CORPORATION SYSTEM % C T CORPORATION		SYSTEM			
		2840 LIBRARY RD PITTSBURGH PA 15234	1.0001	DO NOT WRITE IN TH	HS SPACE
Filliagungn	FA 10234-8021	PITTODUNUM PA 13234	1-8021	3. Date Incorporated or Qualified	10 01 702
				02/16/1989	
2. Principal Pl	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		25-1594341	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 City & State	9	28 City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
CT	CORPORATION SYSTEM		B1 Name		
	00 S. PINE ISLAND ROAD		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
	ANTATION FL 33324		Jul Silverina	ross (F.O. Dox Harrison's Not ricoopiasio)	
			83		
			84 City		85 Zip Code
			!   '		• <b>L</b> _
SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli- signature typed or printed name of registered a		s authorized by the corpora forida Statutes.  DIE Registered Agent signature requ	poration submits this statement for the purpos ation's board of directors. I hereby accept the	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TOTLE		Change Addition
NAME	HOLMES, NEAL H.		1.2 NAME		1
STREET ADDRESS	2840 LIBRARY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		1.4 CITY-ST-ZIP		
TITLE	DST	, DELETE	2.1 TITLE		Change Addition
NAME	stein, steven B.		2.2 NAME		
STREET ADDRESS	2840 LIBRARY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- I beire	3.4. CITY - ST - ZIP		Observa The Audit
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.1 HILE 5.2 NAME		Change Ruchiton
STREET ADDRESS			5 3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Carrotte	6.2 NAME		Change Caration
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
SINCEL NUMBERS			■ 0.3 3 IRELI MUUNESS		

14. Thereby certify that the information supplied with this filling 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE:

412/884-2636