

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K 74631

1. Corporation Name

MASTERGUARD Security System, Inc.

Principal Place of Business

Mailing Address

3000 N. ATLANTIC AVE #101  
COCOA BEACH, FL 32931

3000 N ATLANTIC AVE #101  
COCOA BEACH, FL 32931

600001840256  
-05/28/96--01022--013  
\*\*\*200.00

2. Principal Place of Business

2a. Mailing Address

21 3000 N. ATLANTIC #101  
Suite, Apt. #, etc.

26 3000 N. ATLANTIC  
Suite, Apt. #, etc.

22 #101  
City & State

27 #101  
City & State

23 COCOA BEACH, FL  
Zip Country

28 COCOA BEACH  
Zip Country

24 32931 25 U.S.

29 32931 30 U.S.

9. Name and Address of Current Registered Agent

HARVEY SACKETT  
3219 SO ATLANTIC AVE #301  
COCOA BEACH, FL 32931

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

59 293600

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

3219 SO ATLANTIC AVE #301

83

84 City

COCOA BEACH

FL

85 Zip Code

32931

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

Harvey Sackett

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
HARVEY SACKETT  
3219 SO ATLANTIC AVE #301  
COCOA BEACH, FL 32931

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
MOZELLE SACKETT  
3219 SO ATLANTIC #301  
COCOA BEACH, FL 32931

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Harvey Sackett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

5-25-96 OK