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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K74631

(8)

MASTERGUARD SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address							r saglests oll tookt didta dilad titat didt didt didt didt didt dibt. Didt 1801
3000 N. ATLANTIC AVE SUITE 101 COCOA BEACH FL 32831 US			3000 N. ATLANTIC AVE. SUITE 101 COCOA BEACH FL 32831 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				03/22/1989 4. FEI Number Applied For
21			26				59-2936009 Not Applicable
Suite, Apt. #, etc			Suite, Apt #, etc.				ER 75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	-	Zφ	<del></del>	ountry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Currer	29	tered Agent	30	<del>- 1</del>		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		ii iiogia	NATOO AGOIN		81	Name	10, Italia and Address of How Italiatoleti Agent
	ICKETT, HARVEY					<u> </u>	
3219 S. ATLANTIC AVE. Suite 301					82	Street A	Address (P.O. Box Number is Not Acceptable)
1	OCOA BEACH FL 32931				83		
· ·	OON DENOTTIE GESUT				84	<u> </u>	los   71- 0-d-
					**	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo						-named c	corporation submits this statement for the purpose of changing its registered
agent la	m familiar with, and accept the oblig	ations o	f, Section 607.0505, F	lorida Si	tatutes	the corpo L	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AN			TE: Registe		nt signature n	required when reinstating)  DATE  APPLICACIONAL AND CONTROL OF THE
TITLE	P	DINL	DELETE		TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	SACKETT, HARVEY				NAME		
STREET ADDRESS	3219 S. ATLANTIC AVE. #3	<b>01</b>				ADDRESS	
CITY-SI-ZIP	COCOA BEACH FL 32931	٠.			CITY-S		
TITLE	VP		☐ DELETE		TITLE		Change Addition
NAME	SACKETT, MOZELLE			2.2	NAME		
STREET ADDRESS	3219 S. ATLANTIC AVE. #3	01		2.3	STREET	ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931			2.4	CITY-S	T-ZIP	
TITLE			DELETE	3.1	TITLE		Change Addition
NAME					NAME		
STREET ADDRESS				3.3	STREET	ADDRESS	
CITY-ST-ZIP			- I see	_	. CITY - S	T-ZIP	
TITLE			DELETE		TITLE	1	☐ Change ☐ Addition
NAME					NAME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE			DELETE		CITY-ST	- ZIP	Change Addition
NAME					NAME		C OHENNE
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				1	CITY-SI	1	
TITLE		·	☐ DELETE		TITLE		Change Addition
			-				

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 chappet, or on an attention with an adjects.

6.3 STREET ADDRESS

**FILED** 

Apr 29 1998 8:00am

Secretary of State