

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L28168** (7)

1. Corporation Name

ADCO/FEDERAL SECURITY SYSTEMS, INC.

Principal Place of Business

**2164 RESERVE PARK TRACE
PORT ST. LUCIE FL 34986**

Mailing Address

**MERDINGER FRUCHTER
888 SEVENTH AVE.
NEW YORK NY 10106
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1989

4. FEI Number

65-0153462

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt #, etc.

26 City & State

27 Zip

Country

28

30

9. Name and Address of Current Registered Agent

**CILMI, VITO
7535 SIOPIOLE BLVD.
DELRAY FL 33446**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P

**CILMI, VITO
7535 S. ORIOLE BLVD.
DELRAY FL 33446**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP

**RETTAGLIATA, PETER
358 GETTYSBURG WAY
LINCOLN PARK NJ 07035**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

**STEFFANATO, JOHN
1 STONE HAVEN ROAD
WEST NYACK NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T

**WIENER, LAWRENCE
11 WOODS WAY
WHITE PLAINS NY 10605**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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 changed, or on an attachment with an address.

SIGNATURE

[Handwritten Signature]

3/16/98

914-628-8344

CR2E034 (10/97)