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

OCUMENT # L34314

Corporation Name

CENTRAL DIGITAL STATION MONITORING SERVICE, INC.

Timelipat Place of Business

THE CHARLES KIENZEL

Principal Place of Business

Suite, Apt. #, etc.

City & State

CHARLES KIENZEL ## INDEPENDENCE BLVD., STE. F3 ####### FL 34234-2153 Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

C/O CHARLES KIENZEL 1748 INDEPENDENCE BLVD., STE, F3 SARASOTA FL 34234-2153

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

04-23-1999 90183 001 ***150.00

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

=::....



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/04/1989

65-0155409

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

::		28				Trust i uno co	TITIDOGGOTI	Augea	01000
Zip	Country	Zip		Country		1	on owes the current year		
i <u>!</u>	25	29	30	<u></u>		Personal Prop			Z \$16
	9. Name and Address of Current	Registered Agent	<u> </u>			10. Name and Ad	dress of New Register	ed Agent	
KIENZEL, CHARLES				81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
1748 INDEPENDENCE BLVD.				(42) Street Address (F.O. Box Number is Not Acceptable)					
SUITE F3 SARASOTA FL			83						
			84	City			85 Zip C	ode	
				64	City		F		
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such cha	nge was autho	orized by	the corporation	oration submits this s on's board of directors	tatement for the purpose i. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE								1-11-99	
	Signature typed or printed name of registered agent a		(NOTE: Reg		nt signature require	d when reinstating)	DATE IANGES TO OFFICERS	AND DIRECTO	DS IN 12
1 <u>2.</u>	OFFICERS AND	DIRECTORS	DELETE	1.1 TITLE		DPC	IANGES TO OFFICERS	Change	Addition
ME ME	BYRNE, BRUCE	L)	DEFLIC	1.2 NAME		Dr 🗢		2 5 1,01 190	
AME TREET ADDRESS	ATTA MISERCANDENIOE BUILD	•		1.3 STREET	T AODDECC				
	SARASOTA FL			1.4 CITY-S					
my-st-zip Mle	D		DELETE	2.1 TITLE	1.77			Change	☐ Addition
AME	KIENZEL, CHARLES			2.2 NAME					_
TREET ADDRESS	ATTAC MINESPENDENCE OUT			2.3 STREET	TADORESS				
ITY-ST-ZIP	SARASOTA FL	-		2.4 CITY-S	-	-	• • • • • •	T	
TLE			DELETE	3.1 TITLE				☐ Change	Addition
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TREET ADDRESS	,			3.3 STREET	TADDRESS .				
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MLE			DELETE	4.1 TITLE				Change	Addition
AME				4.2 NAME					
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MLE			DELETE	5.1 TITLE				☐ Change	☐ Addition
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MLE ,	k		DELETE	6.1 TITLE				☐ Change	Addition
AME			1	6.2 NAME					
TREET ADDRESS	A STATE OF THE STATE OF		1	6.3 STREET	TADDRESS	•			
ITY-ST-ZIP				6.4 CITY-S	T-ZIP				
									

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 frustee 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:

SKINAGURE JOTOWINE

4-11-97 941-359-2374