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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L52683

1. Corporation Name

FEDERAL MONITORING SERVICES, INC.

TOURS MONITORING OF MICES					
Principal Place of Business	Mailing Address				
P.O. BOX 810621 BOCA RATON FL 33481-0621	P.O. BOX 810621 BOCA RATON FL 33481-0621		DO NOT WRITE IN THIS SPACE		
			. 3. Date Incorporated or Qualifed 02/26/1990		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied	_	
2. Principal Place of Business	26		00 0 10000 1	plicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addit Fee Require		
City & State	City & State		6. Election Campaign Financing S5.00 May Trust Fund Contribution Added to Fe		
Zip Country		untry	8. This corporation owes the current year Intangible Personal Property Tax.	10	
24 25 25	 		10. Name and Address of New Registered Agent		
9. Name and Address of Current	Registered Agent	81 Name			
KEENAN, KAREN					
2871 N. OCEAN BLVD		82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
D 516		83			
BOCA RATON FL 33421		84 City	FI 85 Zip Code	9	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named corp	oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as registe	istered ered	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	(I related agont and title if applicable	NOTE: Registered Agent signature re	required when reinstating) DATE	
	Signature, typed or printed name of registered agent and title if applicable. (I OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12
12.			V.P.	XX Addition
TITLE	Ur —	1.2 NAME	STANLEY BLOOM	
NAME	ESTES, DENNIS	1.3 STREET ADDRESS		111
STREET ADDRESS	7421 ROSEWOOD CIRCLE	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON FL 33487		TAMARAC, FL 33324 Change	Addition
TITLE	YP —	.	•	}
NAME	ESTES, DONALD E.	2.2 NAME	,	
STREET ADDRESS	7267 SAN SEBASTIAN DRIVE	2.3 STREET ADDRESS	5	ł
CITY-ST-ZIP	BOCA RATON FL 33433	2. 4 CITY-ST-ZIP	Change	Addition
TITLE	VP DELET	É 3.1 TITLE		_
NAME	GRAVES, EUGENE A.	3.2 NAME		Ì
STREET ADDRESS	107 YORKTOWN COURT	3.3 STREET ADDRESS	s į	
CITY-ST-ZIP	MEDFORD NJ 08055	3.4. CITY-ST-ZIP	Change	[] Addition
TITLE	S DELET	E 4.1 TITLE	Charge	ا
NAME	KEENAN, JAMES J.	4.2 NAME		\$
STREET ADDRESS	2871 NORTH OCEAN BOULEVARD #D-515	4.3 STREET ADDRESS	s	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	ra out-	Addition
TITLE	DELET	E 5.1 TITLE	Change	L Addition
NAME		5.2 NAME	, ·	
		5.3 STREET ADDRESS	s	Ì
STREET AODRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELET	E 6.1 TITLE	Change	☐ Addition
TITLE		6.2 NAME		•
NAME		6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY-ST-ZIP		
CITY-ST-ZIP .			and in Section 119 07(3)(i) Florida Statutes, I further certify that the int	formation

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 with a total like empowered.

SIGNATURE: _