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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88570

(1)

STATE CERTIFIED SECURITY SYSTEMS, INC.

Principal Place of Business Mailing Address

1920 S.R. 17 S. 1920 S.R. 17 S. AVON PARK FL 33825
US

Walling Address

1920 S.R. 17 S. AVON PARK FL 33825
US

FILED
May 06 1998 8:00am
Secretary of State



US	US						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							07/03/1990				
	ace of Business	2a. Ma	2a. Mailing Address				4. FEI Number	A	oplied For		
21		26	26				59-3024798	N	ot Applicable		
Sulte, Apt. #	#, etc.	Sui	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional		
22		27	<u> </u>				o, Commonto di Statos Desired	Fee Re	equired		
City & State		City	City & State				6. Election Campaign Financing		May Be		
23		28					Trust Fund Contribution		to Fees		
Žip	Country	<b>7</b> (p	- 1	Coun	ntry		8. This corporation owes or has paid the curre				
24	25	29		30					J No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
DAVIS, THOMAS F.					81 Name						
1920 S.R. 17 S.					82 Street Address (P.O. Box Number is Not Acceptable)						
AVON PARK FL 33825							· · · · · · · · · · · · · · · · · · ·				
					83				İ		
				la la	84	City		<b>85</b> Zip	Code		
							<u>FL</u>				
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: Begs					Age	nt signature required			20.114.46		
12.	OFFICERS A	IND DIRECTOR	RS DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND I				
TITLE	DAVIS, THOMAS F.		☐ nerele	1.1 TITE			ι	Change	Addition		
NAME	1920 S.R. 17 S.			1.2 NAN					}		
STREET ADDRESS	AVON PARK FL					ADDRESS			1		
CITY-ST-ZIP	VST		DELETE	1.4 CITY		T-ZIP		Channe	1,00000		
TITLE	davis, elisabeth a.		DELETE	21 TITL			L	Change	Addition		
NAME	1920 S.R. 17 S.			2.2 NAM					}		
STREET ADDRESS	AVON PARK FL					ADDRESS					
CITY-ST-ZIP	AYUN FARR FL		DELETE	2. 4 CIT		ST-ZIP		Change	A dates -		
TITLE			D DECEIF	3.1 1170			L	Change	☐ Addition		
NAME				3.2 NAN		1			{		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Douge	3,4. CI1		ST-ZIP		70	1 4 4 5 5 1		
TITLE			☐ DELETE	4.1 TITL			L	Change	Addition		
NAME				4, 2 NA1							
STREET ADDRESS				4.3 STA	EET.	ADDRESS			j		
CITY-ST-ZIP				4.4 CITY		T-ZIP					
TITLE			DELETE	5.1 TITL			L	Change	Addition		
NAME				5.2 NAM	ИE				ſ		
STREET ADDRESS				5.3 STR	EET.	ADDRESS					
CITY-ST-ZIP				5.4 CITY	Y-\$1	T - ZIP					
TITLE			☐ DELĒTE	6.1 TITL	ι£			Change	Addition		
NAME				6.2 NAM	ИE						
STREET ADDRESS				6.3 STR	EET :	ADDRESS					
CITY-ST-ZIP				6.4 CITY	Y-ST	T - ZIP					

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: ELISALETA O. Davin

4/25/98 941-453-2422