

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90025 008 ***150.00

DOCUMENT # M63555

1. Corporation Name

PROPERTY SECURITY FLORIDA, INC.

Principal Place of Business

C/O DEAN VEGOSEN
500 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33401

Mailing Address

C/O DEAN VEGOSEN
500 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1987

4. FEI Number

65-0018708

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

VEGOSEN, DEAN
500 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33402-4388

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 D ☐ DELETE
NAME EXLEY, RICHARD J.
STREET ADDRESS NATIONS HOUSE, 103 WIGMORE STREET
CITY-ST-ZIP LONDON EN W1H 9

TITLE PD ☐ DELETE
NAME EAST, STEPHEN J.
STREET ADDRESS NATIONS HOUSE, 103 WIGMORE STREET
CITY-ST-ZIP LONDON EN W1H 9

TITLE VPTS ☒ DELETE
NAME GARFIELD, HOWARD
STREET ADDRESS 15303 DALLAS PARKWAY, #400. LB5
CITY-ST-ZIP DALLAS TX 75248

TITLE AS ☒ DELETE
NAME STEWART, JULIA A.
STREET ADDRESS 15303 DALLAS PARKWAY, #400 LB5
CITY-ST-ZIP DALLAS TX 75248

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition
1.2 NAME Moniz, Christopher Mario
1.3 STREET ADDRESS 103 Wigmore Street
1.4 CITY-ST-ZIP London, EN W1M 9AE

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

C. M. Moniz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 4078466900

Date

Daytime Phone #

0321612

CR2E034 (11/98)