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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

**FILED** May 05 1998 8:00am Secretary of State

SUNDE	ELI SECURITT, INC.						
Principal Plac	e of Business	Mailing Add	dress				DIA BERDIA DIKUT BERDE DIRAH IJARI
1778 PEACH	tree road nw	<u> </u>	1776 PEACHTEE ROAD NW				
STE. 300 SOUTH STE. 300 SOUTH							
ATLANTA GA	30309		ATLANTA GA 30309			DO NOT WRITE IN THIS	SPACE
US		US				3. Date Incorporated or Qualified	
2 Principal B	Place of Business	2a. Mailing	Address			05/17/1985	
21	lace of Business	<u></u> ⊢	Address			4. FEI Number	Applied For
Suite, Apt.	#. etc	Suite A	pl. #, etc.		<del></del>	58-1509934	Not Applicable
22			-,,,			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & S	tate			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country Zip		Country		8. This corporation owes or has paid the co		
24	25	29	30			Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Ag	ent			10. Name and Address of New Registered	1 Agent
	CORPORATION SYSTEM			81	Name		
1200 S. PINE ISLAND ROAD				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324						
				83			
				84	City		85 Zip Code
dd D	10.	88			•	FI FI	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	i02 and 607.1508, I ic of Florida: Such i	Florida Statutes, change was auth	the above orized by	-named co the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered
agent la	im familiar with, and accept the obli	gations of, Section	607.0505, Florid	a Statutes			paritiment do regiona du
SIGNATURE	Signature, typod or printed name of registered a						
12.		ND DIRECTORS	(NOTE HO	13.	nt signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE	<del></del>	ADDITIONS/OF ANGES TO OF TICENS AN	Change Addition
NAME	PATINKIN, MARK			1.2 NAME			
STREET ADDRESS	1776 PEACHTREE RD., #30	0 S.		1.3 STREET	ADDRESS		
CFTY-ST-ZIP	ATLANTA GA			1.4 C(TY - S)	1-21P		
TITLE	D		DELETE	2.1 TITLE			Change Addition
NAME	SINGERMAN, MORTON			2 2 NAME			
STREET ADDRESS	1776 PEACHTREE RD., #30	0 S.		2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	ATLANTA GA			2.4 CITY-S	T-ZIP		
TITLE	D	_	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	SINGERMAN, DEBORAH BR			32 NAME	İ		
STREET ADDRESS	1776 PEACHTREE RD. , #30	00 S.		33 STREET	ADDRESS		
CITY-ST-ZIP	ATLANTA GA			3 4. CITY - S	T-ZIP		
TITLE		L	] DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY - ST - ZIP		<del></del>	I program	4.4 CITY-SI	- ZIP		
TITLE		L	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET			
CITY+ST-ZIP TITLE			DELETE	5.4 CITY - ST	- ZIP		Change   Letelli-
NAME		L	_ OLLUIL	6.1 TITLE			Change Addition
STREET ADORESS			ľ	6.2 NAME 6.3 STREET	ADDDESC		
CITY-ST-ZIP			•		1		
dd Charabira	and all all all all all all all all all al	50 At 2 - 611		64 CITY - ST	-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 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