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

DOCUMENT # P11402

SECURITY GUIDANCE INTERNATIONAL, INC.

Principal Place of Business
317 KENIWORTH BLVD.

Mailing Address

317 KENIWORTH BLVD. WEST PALM BEACH FL 33405

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90029 037 ***150.00



WEST PALM BEACH FE 33405		MES! ENEW DEMOLITE 22403		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed	
					09/11/1986		. 1
2. Principal Pl	ace of Business	2a. Mailing Address	ailing Address		4. FEI Number	App	lied For
21		26	⊢ •		14-1610336	Not	Applicable
Suite, Apt. i	Suite, Apt. #, etc.	, Apt. #, etc.			\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Rec	quired	
City & State	9	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country Zip Cou			,	8. This corporation owes the current year I	ntangible	ļ
24	25	29 3	0		Personal Property Tax.		⊠No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
	**	r	81	Name			
KELLY, DANIEL P 317 KENNILWORTH BLVD				Street Add	iress (P.O. Box Number is Not Acceptable)		
				82 Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BCH FL 33405			83				
			84	City	F	85 Zip C	ode
44 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02 and 607 1609 Elected Statutes	the above	e-named con	poration submits this statement for the nurnose	of changing its i	registered
office or re	orietored agent or both in the State	e of Florida. Such change was auti	nonzed nv	the corporat	tion's board of directors. I hereby accept the app	ointment as reg	istered
	m familiar with, and accept the oblig	gauons or, Section 607.0505, Florid	ia Sidiules	٠.			
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable. (NOTE: R	egistered Age	nt signature requir	red when reinstating) / ;; /. DATE		——
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		1. C.	☐ Change	☐ Addition
NAME	KELLY, DANIEL P.		1.2 NAME		1		
STREET ADDRESS	317 KENILWORTH BLVD	,	1.3 STREE	TADDRESS			. }
CITY-ST-ZIP	WEST PALM BCH FL		1.4 CITY- S	i	•		
TITLE	TATOL EVEN DOLL T	☐ DELETE	2.1 TITLE		<u> </u>	☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			I -	T ADDRESS			ŀ
CITY-ST-ZIP	4		2. 4 CITY-		,		
TITLE		☐ DELETE	3.1 TITLE		The state of the s	Change	Addition
NAME - 25/L	N. 200 S.	_ -	3.2 NAME			•	
STREET ADDRESS	ASSESS OF THE PARTY OF THE PART			TADORESS			
14/200	11.		3.4. CITY-1		· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP """ TITLE		☐ DELETE	4.1 TITLE	J. 21	1,1 (4) (1,1,1,1,1)	☐ Change \$	10 Addition
NAME			4, 2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	į.		•	
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME		· —	5.2 NAME		1. 11 1 2.15	•	
STREET ADDRESS	-		5.3 STREE	T ADDRESS			,
			5.4 CITY-5	ST-ZIP	(1.2)		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		•	_	. \$
l i	A Service of the serv			T ADDRESS	•		7
STREET ADDRESS			64 CITY-5			•	•

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

567 - \$33 - 3957 Daytime Phone # RZE034 (11/98)