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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

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1. Corporation Name

ENTERPRISE SECURITY, INC.

Principal Place of Business

2700 W OAKLAND PARK BLVD  
207  
FT LAUDERDALE FL 33311  
US

Mailing Address

2800 W OAKLAND PARK BLVD  
207  
FT LAUDERDALE FL 33311  
US

2. Principal Place of Business

2a. Mailing Address

21 2800 W. Oakland Park Blvd.

26 2800 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 207

27 207

City & State

City & State

23 Fort Lauderdale, FL 33311

28 Fort Lauderdale, FL 33311

Zip

Zip

24 33311

29 33301

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEASLEY, GEORGE B  
2800 W OAKLAND PARK BLVD  
STE 207  
FT LAUDERDALE FL 33311

81 Name

Mr. George Beasley

82 Street Address (P.O. Box Number is Not Acceptable)

2800 West Oakland Park Blvd.

83

Suite 207

84 City

Fort Lauderdale

FL

85 Zip Code

33311

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
BEASLEY, GEORGE B  
2800 W OAKLAND PARK BLVD, STE 207  
FT LAUDERDALE FL 33311

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY-ST-ZIP

STREET ADDRESS

3.1 TITLE

CITY-ST-ZIP

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.4 CITY-ST-ZIP

STREET ADDRESS

5.1 TITLE

CITY-ST-ZIP

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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