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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jun 02 1998 8:00am

ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
	•	0037741				
#ENIV!	ro guard syste	ems, inc,				
Principal Plac	ce of Business	Mailing Address				
9401 S.W. 146 ST.						
MIAMI, FL, 38176					DO NOT WRITE IN THIS SPACE	
	,				3. Date Incorporated or Qualified MAY 26, 1993	
	Place of Business	2a. Mailing Address	144		4. FEI Number	Applied For
	21 9401 5W, 140 5T, 26 9401 SW Suite Apt. #, etc.			<u> </u>	65-042216	Not Applicable
22 Suite, Apri	H , G (O:	27 Stite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	M1, FL, 33176	City & State 28 MIAMI, FLi	33176		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr		8. This corporation owes or has paid the o	current year Intangible
24	25 USA 9. Name and Address of Current	Panistared Agent	30 US	5 <u>A</u>	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		10gistered Agoitt	61	Name	(U. Natillo and Adoless of Note Tragistale	a Agont
DONALD A LONES					ress (P.O. Box Number is Not Acceptable)	
9401 SN/ 146 ST,						
MAM. FL 3376						
•			84	City MIA	.M) F	L 85 Zip Code 53176
office or agent. I a SIGNATURE	\ {} /#				oration submits this statement for the purpose tion's board of directors. I hereby accept the a 5/12 red when reinstating)	ppointment as registered
12.	OLEICERS AND	DIRECTORS DELETE	13. 1.1 TILE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	PRESCUE DONALO A. JONES		1.0 HEC			C August C vooltion
STREET ADDRESS	3401 5W 146 ST.			T ADDRESS		
CHTY-ST-ZIP	MANI, FL. 33176		1.4 CITY-	ST-ZIP		
TITLE NAME	SEC/TRESOR		2.1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	DONALD A. JONES			T ADDRESS		
CITY-ST-ZIP	MIAM) 12 / 33176			ST-ZIP		
TITLE	VICE, PRES. SEC TECHS	-VEC DELETE	31 TITLE			Change Addition
NAME STREET ADDRESS	CARLA JONES 1717 N BAYGHORE OR#		3 2 NAME	T ADDRESS		
CITY-ST-ZIP	MIDMI, PL, 33182	1057	3.4. CHY-	- }		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREE 4.4 CITY -	T ADDRESS		
TITLE		☐ DELETE	5.1 TITLE	21 40		Change Addition
NAME			5 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY - 6 1 HILE	ST-ZIP		☐ Change ☐ Addition
NAME	Lad Detrife		6.2 NAME		100002545741 0/	
STREET ADDRESS				T ADDRESS	-0 6/03/9801040(
CITY-ST-ZIP	<u> </u>		6.4 CITY-	ST-ZIP	***158.75	1 W/r
14. I hereby	certify that the information supplied with	b this filing does not qualify t	or the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplied when this ming does not quality on the empirical stated in Section 1.18.07(3)(i), Florida Statutes. Flurities certify that the indicated on this annual report or suppliemental 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 for on an attachment with an address.