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**

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90022 044 ***158.75

i. Corporation	MENT # P93000 GUARD SYSTEMS, INC.	037741						
Principal Place	of Business	Mailing Address						B
9401 SW 146 ST MIAMI FL 33176 US		9401 SW 146 ST MIAMI FL 33176 US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed)
Principal Place of Business 2a. Mailing Address					05/26/1993 4. FEI Number		Appl	ied For
	ace of Business	- -	26			<u> </u>	+	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0422116	\$8.	75 Ad	ditional
22 27 27			J. —	<u> </u>	5. Certifcate of Status Desired	F	ee Requ	uired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28			Trust Fund Contribution	A		Fees
Zip	Country	Zip	Country	′	This corporation owes the curre Personal Property Tax.	nt year Intangible Ye		∃No
24	9. Name and Address of Current Registered Agent		<u>"</u> -		10. Name and Address of New R			
	g, reams and Address of Carro		81	Name				
JONES, DONALD A				Street Add	Iress (P.O. Box Number is Not Acceptal	ble)		
9401 SW 146 ST			82	Sileer Add	ress (F.O. Box Number is Not Noospie			
MIAMI FL 33176								
			84	City		FL 85	Zip Co	ode
		OR COZ AFOR Flacido Statutos	the show	a named cor	poration submits this statement for the	nurnose of changi	na its re	egistered
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autr	torizea by	tne corporat	ion's board of directors. I hereby accep	t the appointment	as regi	stered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13.			nt signature requir	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	PST	DELETE	1,1 TITLE	-	ADDITIONOS INTROCES TO STI	□ CI		Addition
NAME	JONES, DONALD A	_	1.2 NAME					
STREET ADDRESS	JUNES, DUNALD A		1.3 STREE	TADORESS				
CITY-ST-ZIP			1.4 CITY-S					
TITLE	THE WATER CONTROL	☐ DELETE	2.1 TITLE				ange	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP		اد الله الم المستعملية والمهامية المستهمين المهامية المهامية المهامية المهامية المهامية المهامية المهامية المه	2. 4 CITY-	ST-ZIP		<u>-</u> -		
TITLE		☐ DELETE	3.1 TITLE	\		□ ci	ange	☐ Addition
NAME			3.2 NAME		•			
STREET ADDRESS				TADDRESS				-
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				Addition
TITLE			4.1 TITLE				iai iyo	- Contrion
NAME			4. 2 NAME					
STREET ADDRESS				TADORESS		•		-
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP			nange	Addition
TITLE			5.2 NAME			بي بي	J-	_
NAME STOCET ADODESS				T ADDRESS				1
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-5					_ [
Oli I- St-tar								

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

HURE REPORTEDONES

4/3/99

(305) 374-561/

Change

☐ Addition