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 # P93000084098

U.S. GUARD SECURITY SERVICE INC.

Principal Place	e of Business	Mailing Address					
13200 SW-128T	H ST	13200 SW 128TH ST			}		
SUITE E-1		SUITE E-1					
MIAMI FL 33186			MIAMI FL 33186		DO NOT WRITE IN THIS SPACE		
US		US	U\$		Date Incorporated or Qualifed		
	·				12/09/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26		65-0456490	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27		5, Certificate of Status Desired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		g. This corporation owes the current year In	angible		
24	25 29		30		Personal Property Tax.	🕱 Yes	□No
27]	9. Name and Address of Current	71.70			10. Name and Address of New Registered	Agent	
7	9, 110,110 4114 1104 100 01		81	Name			
MOL	DON, JOSEPH A						
	0 SW 108TH STREET		82 Street Add		ress (P.O. Box Number is Not Acceptable)		.
MIAMI FL 33186				·			
IVIDENIV	AFT E 35 100		83		÷	$\{i_1,i_2,\dots,i_n\}$	
48 65 C			84	City		85 Zip	Code
47 6				,	FLFL	•	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose of	changing it	s registered
office or r agent. I a	egistered agent, or both, in the State on Im familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florida	a Statutes	tne corporati	ion's board of directors. I hereby accept the appo	nuneni as n	egistered
SIGNATURE		Work of			ed when reinstating) DATE		
	Signature, typed or printed name of registered agen OFFICERS AN		13.	in signature require	ADDITIONS/CHANGES TO OFFICERS A	ID DIRECT	OPS IN 12
12.	r	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D HOLDON JOSEPH A				\·~	_ ,	_
NAME	MOLDON, JOSEPH A		1.2 NAME		\		
STREET ADDRESS	13750 SW 108TH STREET			T ADDRESS	\		- 1
CITY-ST-ZIP	MIAMI FL			T-ZIP	·,	[] Change	Addition
TITLE	☐ DELÉTE 2.1 TI		2.1 TITLE		•	L_ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	,	DELÉTE	3.1 TITLE			Change	Addition
NAME	•		3.2 NAME		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				T ADDRESS			j
			3.4. CITY-				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	J1-44F		Change	Addition
,		_ 5	4. 2 NAME				_
NAME							1
STREET ADDRESS	1			TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		D05	Addition
TITLE	}	☐ DELETE	5.1 TITLE	1		Change	C Addition
NAME	1		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			J
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
						☐ Change	
I NAME		- DELETE	6.2 NAME			□ Criange	
NAME STREET ADDRESS		O DECENE		T ADDRESS		□ Change	

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed.

SIGNATUR

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90224 001 ***150.00