Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90213 007 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400020335

1. Corporation Name

ROSS SECURITY SYSTEMS INC.								
					C ARROLANDA PAN CAUPA NARAH ARRAH AR		IR <b>i i i i i</b> i	H <b>ar</b> ind <b>a</b> n <b>a</b> nn 1 <b>44</b>
Principal Place	of Business	Mailing Address			3 (\$41120) (to latte alout and the			
333 N FALKENE	BURG RD	333 N FALKENBURG RD						
B 315 B-215					DO NOT WR	ITE IN THIS S	PACE	
TAMPA FL 33619 TAMPA FL 33619					Do Not WR      Do Not WR      Do Not WR      Do Not WR      The properties of Qualified		PACE	
US		US			·			
0.00	and During and	2- Mailing Address			03/14/1994 4. FEI Number			Applied For
<b>⊢</b> — `	ace of Business	2a. Mailing Address			59-3229657		$\vdash$	Not Applicable
Suite, Apt.	# ota	Suite, Apt. #, etc.			39-3229007			Additional
	#, <del>e</del> tc.	27			5. Certifcate of Status Desired		•	Required
City & State	B	City & State			6. Election Campaign Financing			0 May Be
23	-	28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the cur	rent vear Intai		
24	25	F	30		Personal Property Tax.		∐Yes	□No
24)	9. Name and Address of Current		<del></del>		10. Name and Address of New	Registered A	gent	
	· »- «-		81	Name				
CALL	EJA, GUY R			044-4	dd (D.O. D M b in Net A	oblo)	_	
333	n falkenburg RD	•	82	Street Ad	ddress (P.O. Box Number is Not Accept	able)		
B-21	5 .		83				_	
TAM	PA FL 33619							
			84	City		FL	85   Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	L e-named co	orporation submits this statement for the	purpose of c	hanging	its registered
office or re	egistered agent, or both, in the State of	<sup>r</sup> Florida, Such change was au	thorized by	the corpora	ation's board of directors. I hereby acce	pt the appoint	ment as	registered
011100 01 11				oo.po				
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes					
agent. I au SIGNATURE		ons of, Section 607.0505, Flori			uired when reinstating)	DATE		
agent. I au SIGNATURE	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent a  OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE:					DIREC	
agent. I a	Signature, typed or printed name of registered agent a	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	Registered Ager		uired when reinstating)		DIRECT	
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agent. I all SIGNATURE  12.	Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME		uired when reinstating)			
agent. I at SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent a OFFICERS AND P CALLEJA, GUY R	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature requ	uired when reinstating)			
agent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND P CALLEJA, GUY R 333 N FALKENBURG RD 8-215	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	uired when reinstating)	FICERS AND		e
agent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND P CALLEJA, GUY R 333 N FALKENBURG RD 8-215	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ	uired when reinstating)	FICERS AND	Chang	e
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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 pn an attachment with an address with all other like empowered.

**SIGNATURE:**