

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 # P94000032181

1. Corporation Name

PRO-GUARD SECURITY, INC.

Principal Place of Business

45 NW 8TH ST  
103  
HOMESTEAD FL 33030  
US

Mailing Address

45 NW 8TH ST  
103  
HOMESTEAD FL 33030  
US

2. Principal Place of Business

21 381 N. Krome Ave

2a. Mailing Address

26 381 N. Krome Ave.

Suite, Apt. #, etc.

22 203

Suite, Apt. #, etc.

27 203

City & State

23 Homestead, FL.

City & State

28 Homestead, FL.

Zip

24 33030

Country

25 U.S.

Zip

29 33030

Country

30 U.S.

9. Name and Address of Current Registered Agent

SMITH, WALTER R II  
11921 SW 271 TER  
NARANJA FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

65-0484369

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Walter R. Smith II

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

381 N. Krome Ave #203

83

84 City

Homestead

FL

85 Zip Code

33030

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

WALTER R. Smith II

(NOTE: Registered Agent signature required when reinstating)

3/16/99

Uice Pres.

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SMITH, WALTER R II  
STREET ADDRESS 11921 SW 271 TER  
CITY-ST-ZIP NARANJA FL 33023

TITLE D  
NAME SMITH, MARIA I  
STREET ADDRESS 11921 SW 271 TER  
CITY-ST-ZIP NARANJA FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 10780 S.W. 47 st  
1.4 CITY-ST-ZIP miAmi, FL 33165

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 10780 S.W. 47 st  
2.4 CITY-ST-ZIP miAmi, FL 33165

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R. Smith II

3/16/99 (305) 2452611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)