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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

DOCUMENT # P94000040340 (9)

NATIONAL CHILD SECURITY, INC.

## **FILED** Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	F LEBRINDS: THE SERVICES THE SERVICES THIS SERVICE SERVICES SERVICES STATES AND SERVICES SERV
2432 N.W. 63RD ST. 2432 N.W. 63RD ST. BOCA RATON FL 33496 BOCA RATON FL 33496	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
	05/25/1994
2. Principal Place of Business 28. Mailing Address	4. FEI Number Applied For
21 26	<b>65-0502166</b> Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 27	5. Certificate of Status Desired See Required Fee Required
City & State City & State 28	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip Count	b. This corporation ones of has paid the editorit your mitalights
24 25 29 30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent MCCAFFERY, DANIEL P	
2422 NNU 8200 DO CT	
BOCA RATON FL 33496	,
[8	3
8	4 City FL 85 Zip Code
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	
SIGNATURE	
<del>la partir de la completa del completa de la completa del completa de la completa del la completa de la completa del la completa de la completa del la completa del la completa del la completa del la completa dela completa del la completa del la completa del la completa del la</del>	gent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE P OFFICERS AND DIRECTORS 13.	
NAME MCCAFFERY, DAN 1.2 NAME	
	ET ADDRESS
CITY-SI-ZIP BOCA RATON FL 1.4 CITY	ST-ZIP
TITLE DELETE 21 TITLE	Change Addition
NAME 22 NAMI	:
]	ET ADDRESS
CHY-S1-ZIP	
TITLE L. DELETE 3.1 TITLE  NAME  3.2 NAME	
	ET ADDRESS
CITY-SI-ZIP 34.CITY	I .
TITLE DELETE 41 TITLE	
NAME 4.2 NAM	£
	ET ADDRESS
CITY-ST-ZIP 44 CITY-	
TITLE DELETE 51 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 53 STREE	ET ADDRESS
CITY-ST-ZIP 5.4 CITY-	······································
TITLE DELETE 61 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREE CITY - ST - ZIP 6.4 CITY -	ET ADDRESS

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