

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90048 001 ***158.75

DOCUMENT # **P95000017172**

1. Corporation Name

WORLD SECURITY SYSTEMS GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4040 S. 84TH STREET
2ND FLOOR
OMAHA NE 68127
US**

Mailing Address

**4040 SO 84TH STREET
OMAHA NE 68127**

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

31

City & State

32

City & State

33

City & State

34

City & State

35

City & State

36

City & State

37

City & State

38

City & State

39

City & State

40

City & State

41

City & State

42

City & State

43

City & State

44

City & State

45

City & State

46

City & State

47

City & State

48

City & State

49

City & State

50

City & State

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

65-0561377

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

MULLER, RICHARD L

STREET ADDRESS

4040 S. 84TH ST.

CITY-STATE-ZIP

OMAHA NE 68127

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)