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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

E. Coloniel Dr.

150

FZ.

USA

Country

DOCUMENT # P95000020557 (1)

USA

9. Name and Address of Current Registered Agent

SECURSAFE, INC.

Mailing Address

1939-NORTH-ORANGE AVENUE SUITE 404~ ORLANDO PL 32801

2, Principal Place of Business

THARP, PHILIP A

-1890 NORTH ORANGE AVENUE

Principal Place of Business

-1000 NORTH ORANGE AVENUE SHITE 104-

ORLANDO FL 328011

FILED May 08 1998 8:00am Secretary of State

	I ABBITOUR THE COLOR DICKLED HIT COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR				
	DO NOT WRITE IN THIS SPACE				
3.	Date Incorporated or Qualified				
	00/40/4005				

8. This corporation owes or has paid the current year Intangible

65-0567514

5. Certificate of Status Desired

6, Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Kallano KLICKUKN ADEL 28/998(561)368:3282

Trust Fund Contribution

Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

SUITE TU4		10	12 E. Colonial Dr. Switch 100		
_OR	LANDO FL 32801 -	83 0	elando 32803		
		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. It hereby accept the appointment as registered agent. I am tamiliar with, and accept the obligations of. Section 607,0505, Florida Statutes.					
SIGNATURE Signature, by editor promod narvo of registered agent and lifted applicable (NOTE Registered Agent signature required whon reinstating) DATE					
12.	OFFICERS AND DIRECTORS A	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D LAWELETE	1.1 TITLE	Change Addition		
NAME	-THARP. PHILLIP A	1.2 NAME	Philip A thamp		
STREET ADDRESS	41630 NORTH ORANGE AVENUE, STITE 104	1.3 STREET ADDRESS	GIZ E. Colonial Drive Soite 150		
CITY-ST-ZIP	-ORLANDO FL 92901	1.4 City - ST - ZiP	Orlendo Pa 32803		
TITLE	P DELETE	21 TITLE			
NAME	r dACOBS, DAVID L	2.2 NAME	Richard Blackwell,		
STREET ADDRESS	9630 BEAR LAKE RD	2.3 STREET ADDRESS	Richard Blackwell 6765 Calle Del Paz		
CITY-ST-ZIP	APOPKA FL.	2. 4 CITY - ST - ZIP	Boca Reton, 12 33433		
TITLE	☐ DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DEL E TE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME	<u> </u>		
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 City-St-ZiP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE	☐ DEL€TE	6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		64 CITY-ST-ZIP			
14. Thereby 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 13 if changed on an attachment with appaddress.					