## 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

DOCUMENT #

P95000029963 (2)

THE SHOEMAKER SECURITY MANAGEMENT GROUP, INC.

## FILED Feb 18 1998 8:00am Secretary of State



FIRMURAL 11 1866 2NS-215-0663

	· - · - · - · · · · · · · · · · · · · ·	···					*11/14 (B)   E B)   B B
Principal Place of Business Mailing Address							• • • • • • • • • • • • • • • • • • • •
27420 SW 167 CT 27420 SW 167 CT							
HOMESTEAD FL 33031		HOMESTEAD FL 33031			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					04/17/1995		
2. Principal F	Place of Business	2a. Mailing Address_	2a. Mailing Address			/- 0/	Applied For
21		26 P.O. BOX 900823		<del>- 05-0970955</del>	65-0678255	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75 Additional
22		27		5. Certificate of Status	Desiled	Fee Required	
City & State		City & State			6. Election Campaign F	inancing	\$5.00 May Be
23		28 HOMESTEAD	<i></i>		Trust Fund Contribut	ion 🔲	Added to Fees
Zip	Country	Zip	Countr		8. This corporation owe		
24	25	29 33090	30 USA	<u> </u>	Personal Property Te		Yes 🔀 No
	9. Name and Address of Curren	it Registered Agent	Name	10. Name and Address of New Registered Agent			
SHOEMAKER, ERIC W				Name			
27420 SW 167 CT				Street Add	lress (P.O. Box Number is No	ot Acceptable)	
HOMESTEAD FL 33031							
			83	1			
			84	City			85 Zip Code
				l		<u>FL</u>	
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 refinalating)  DATE							
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: I  OFFICERS AND DIRECTORS		13.	ent signature requi	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		ADDITIONOTIANGE		Change Addition
NAME	SHOEMAKER, ERIC W		1.2 NAME			•	
STREET ADDRESS	27420 SW 187TH CT. HOMESTEAD FL 33031			T ADDRESS			
CITY-ST-ZIP			1.4 CITY-	·			
TITLE	VP DELETE		2.1 TITLE	31-20-			Change Addition
NAME	SHOEMAKER, JOAN	<b>G</b>	2.2 NAME			-	
STREET ADDRESS	27420 SW 167TH CT.		1	T ADDRESS			ľ
CITY-ST-ZIP	HOMESTEAD FL 33031		2. 4 CITY-	l l			
TITLE		DELETE	3.1 TITLE	3/-24			Change Addition
NAME			3.2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	33 .		3.4. CITY -				i
TITLE		DELETE	4.1 TITLE	<u>01-811</u>			Change Addition
NAME						•	
STREET ADDRESS	ADDRESS		4. 2 NAME	T ADDRESS			
CITY-ST-ZIP	··· }		4.4 CITY-:				
TITLE		DELETE	5.1 TITLE	21-21			Change Addition
NAME		<u> </u>	5.2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				į
TITLE		5.4 ( DELETE 6.11		21 - <del>4</del> 11		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME			_	
STREET ADDRESS				T ADDRESS			
			6.4 CITY-				
CITY-ST-ZIP			0.4 0111-3	)1-4IF			

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.

CICMATURE.