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 # P95000029975

1. Corporation Name

	ogic security serv	ICES, INC.				
Principal Place	of Business	Mailing Address		1 19211251 113 13181 2111 2311 3311		
1844 NORTH NO		1844 NORTH NOB HILL R	IOAD			
SUITE 442		SUITE 442		DO NOT WRITE IN THIS SPACE		
PLANTATION FL 33322		PLANTATION FL 33322		Date Incorporated or Qualified		
				04/12/1995		
2 Principal DI	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
-	and of Engineers	26		59-3309003	Not Applicab	le 🧏
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	23
22		27		3. Control of Charles Section 1	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	G	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current Personal Property Tax.	t year intangible Mayes □No	.
24	25	29 Agent	30	10. Name and Address of New Reg		
	9. Name and Address of C	urrent Registered Agent	81 Name			
PALL	ER, SCOTT		00 00	tors (D.O. Boy Number in Not Accordable	Α)	- ∤ `
1844	NORTH NOB HILL ROAD	•	82 Street Add	fress (P.O. Box Number is Not Acceptable	yy yene yeny<u>a ngarang be</u> nati m<u>agababan is</u>	
SUITE 442			83		机器的的自制器制度	3
	NTATION FL 33322		94 05	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Code	<u> </u>
			84 City		FL I I	1
			, I I			
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	utes, the above-named cor	poration submits this statement for the pu	rpose of changing its registered	đ
11. Pursuant office or reagent. I a	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	utes, the above-named cor authorized by the corporat lorida Statutes.	poration submits this statement for the pulion's board of directors. I hereby accept to	rpose of changing its registered the appointment as registered	d
CICNATURE					rpose of changing its registered the appointment as registered	a
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable. (NOT	utes, the above-named cor authorized by the corporat lorida Statutes. TE: Registered Agent signature required. 13.		DATE CERS AND DIRECTORS IN 12	
SIGNATURE	Signature, typed or printed name of registe		TE: Registered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
SIGNATURE 12. TITLE	Signature, typed or printed name of registe OFFICER DPVS	red agent and title if applicable. (NOT RS AND DIRECTORS	TE: Registered Agent signature requirements.	red when reinstating)	DATE CERS AND DIRECTORS IN 12	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF

1-27-99

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90011 024 ***150.00