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

PROFIT **CORPORATION ANNUAL REPORT**

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 11 1998 8:00am

Secretary of State

14 × 904-282-4300

DOCUMENT # 1. Corporation Name P95000030801 (1)

SECURITY CONCEPTS INC.

Princip	al Place of	Business		M	Mailing Address						1) (931(93) 1(8 (818) 811(1 84(1) 98(1)		/// Bill i 1944 U	
13249 NW 12 CT				1	13249 NW 12 CT										
N/A SUNRISE FL 33323					N/A SUNRISE FL 33323						DO NOT WRITE IN THIS SPACE				
QUINIDE FL 333g3				`	SUNMISE FL 33323						3.	Date Incorporated or Qualified		0.1102	·
												04/14/1995			
2. Prin	cipal Piace	of Busines	38	2a	. Mailing A	ddress			_		4.	FEI Number	···		Applied For
21					26						$oxed{oxed}$	65-0578787			Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5.	Certificate of Status Desired			Additional
City & State					City & State						-	Floring Operation Floring			Required
23					28						b.	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	ip Country							Country			8.	. This corporation owes or has			
24		25		29			30	30				Personal Property Tax due Jui	ne 30. 🌙	Yes	□ No
			nd Address of Cur	ent Regis	stered Age	nt		ļ	·—		10.	Name and Address of New I	egistered	Agent	
	BRONO				81 Name										
100 W. CYPRESS CREEK RD., SUITE)10				82 Street Addres			P.O. Box Number is Not Accept	able)		
FT. LAUDERDALE FL 33309								B 3						· · · · ·	
												, , , , , , , , , , , , , , , , , , ,			
							-	84	С	ity			FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the								bove	3-na	amed corpo	ratic	on submits this statement for the	purpose (<u>= ↓</u> 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 regingent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												as registored			
			, , , , ,		., .										
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Rag								d Age	nt si	gnature require	d wher	n reinstating)	DATE		
12.	<u></u>		OFFICERS A	ND DIRE		DCCETC	13.					ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE		CAMACHO, CHARLES			☐ DELETE			1.1 TITLE						☐ Change	Addition
NAME	REET ADDRESS 13249 NW 12 CT							1.2 NAME 1.3 STREET ADDRESS							
CITY-ST-	· · · · ·		FL 33323					THEET STY-ST		i					
TITLE	Zir					DELETE	2.1 T		1-21	' 				Change	Addition
NAME	Ì						2.2 N	AME		- 1					
STREET AL	DDRESS						2.3 \$	TREET	ADD	RESS					
bity-st-	ZIP						2.4(CITY-S	T- ZI	IP					
TITLE						DELETE	3.11	ITLE						Change	Addition
NAME							3.2 N			}					
STREET AL								TREET							
CITY-ST- TITLE	ZIP				-	DELETE	3.4. (4.1.1	OTY-S	31 · 20	IP				Change	Addition
NAME					L) Delicit	4.21					•		Change	, D Addition
STREET AL	DDRESS							TREET	ADD	BESS					
CITY-ST-							•	ITY- S1							
TITLE						DELETE	5.1 T							☐ Change	Addition
NAME							5.2 N	AME							
STREET A	Doress						5.3 S	TREET.	ADD	RESS					
CITY-ST-	ZIP						5.4 C	ITY - SI	T- Z(I	Р					
TITLE	ĺ				L) DELETE	6.1 T							Change	Addition
NAME							6.2 N								
STREET AL	Doress						6.3 \$	TREET.	ADD	ress					

14. 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 of applications 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 of the receiver or to stee 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 or bit attachment with an address.