

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071035 (6)

1. Corporation Name

ULTIMATE FIRE AND SAFETY, INC.

Principal Place of Business

3170 NORTH FEDERAL HIGHWAY, SUITE 112
LIGHTHOUSE POINT FL 33064

Mailing Address

P.O. BOX 50108
LIGHTHOUSE PT FL 33074-108
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

65-0631362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 319 SW 14th Ave

2a. Mailing Address

26 319 SW 14th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Beach

City & State

28 Pompano Beach

Zip

24 FL

Country

25 33069

Zip

29 FL

Country

30 33069

9. Name and Address of Current Registered Agent

CHARLES D BORTZ, JR.
3330 NW 95 TERRACE
SUNRISE FL 33351

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 PD ☐ DELETE

NAME BORTZ, CHUCK
STREET ADDRESS 3170 NORTH FEDERAL HIGHWAY, SUITE 112
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE VD ☒ DELETE

NAME ARMEROS, STEVE J
STREET ADDRESS 3170 NORTH FEDERAL HIGHWAY, SUITE 112
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE STD ☒ DELETE

NAME ARMEROS, BONNIE S
STREET ADDRESS 3170 NORTH FEDERAL HIGHWAY, SUITE 112
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE POST ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3330 NW 95 TERRACE
1.4 CITY-ST-ZIP SUNRISE, FL 33351

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE: X [Signature] REQUIRED

FILED

Sep 17 1998 8:00am
Secretary of State



CR2E034 (5/98)