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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corpo ation			091455							
COAST	watch securit	Y, INC.								
Principal Place	e of Business		Mailing Addres	SS			-		INTER CIPIL DINES	Bildi dili ibbi
3245 SALISBUR HOLIDAY FL 34			PO BOX 3192 HOLIDAY FL 34	690-0192					00.05	
บร			บร				DO NOT WRI  3. Date Incorporated or Qualifed	JE IN 1 HS	SPACE	<del></del>
							12/01/1995			1
2 Principal Pl	lace of Business		2a, Mailing Add	dress			4. FEI Number		TAr	plied For
21	loss of Business		26				65-0627285		L	t Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.	<del></del>				\$8.75	dditional
22		~ —	27 ~				5. Certificate of Status Desired		Fee Re	quired
City & State	e		City & Stat	e			6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added t	o Fees
Zip	Countr	У	Zip		Country		8. This corporation owes the curi	rent year Int		C10
24	25		29	<del></del>	30		Personal Property Tax.	Bariotar ad		□No
	9. Name and Addre	ess of Current I	Registered Agen	t	81 N	ame, ,	10. Name and Address of New I	Register au	Agent	
PATI	RICIA LANGER					Ma				
	HORIZON LANE				82 S	treet A idre	ss (P.O. Bo Number is Not Accept			
	SON FL 34667				83	<u>صا ا ف</u>	4 Mountain	<u>. Wa</u>	<del>-\</del>	
					"  5	Som	ng Hill		· 	
					84 C	ity	<del>-</del> J	FI	85 Zip C	
41 Pureturat	to the provisions of Sac	tions 607.050°	and 607 1508 Flo	rida Statute	s the above-na	med corno	ration submits this statement for the	nurpose of	changing its	registered
office or n	anistered agent. At he th	in the State of	Florida Such cha	IC SCW ADDE	thorized by the	corpor ation	n's board of directors. I hereby acce	pt the appoi	ntment as rec	istered
accept la	m familiar with and arc									
	22	epi trie obligat o	ns of, Section 607	7.U505, FISE	ida Statutes.		· 4.1	120	100	
SIGNATURE	mari	1 C. C	J/sen		ida Statutes.  Registered Agent sign	nature required	when reinstating)	/25 /	199	
SIGNATURE	Signature, typed or printed no	1 C. C	and title if applicable.			nature req iired	when reinstating)  ADDITIONS/CHANGES TO OF	/25 FICERS AN	99 ID DIRECTO	
SIGNATURE	Signature, typed or printed no	of registered ageni a	ind title if applicable.  DIRECTORS		Registered Agent sign	nature required		DATE PICERS AN	199 ID DIRECTO □ Change	
SIGNATUF:E	Signature, typedfor printed in	of registered agent a	ind title if applicable.  DIRECTORS	(NOTE:	Registered Agent sign	nature red lired		DATE /		RS IN 12
SIGNATURE  12.	Signature, typedfor printed in its Control of the C	of registered agent a DFFICERS ANI)	ind title if applicable.  DIRECTORS	(NOTE:	Registered Agent sign 13.			DATE /		RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typedfor printed in property of the	of registered agent a DFFICERS ANI)	ind title if applicable.  DIRECTORS	(NOTE:	Registered Agent sign 13. 1.1 TITLE 1.2 NAME	DRESS		J25 / FICERS AN		RS IN 12 ☐ Addition
SIGNATUF:E  12. TITLE NAME STREET ADDRESS	Signature, typed or printed in its Control of the C	of registered agent a DFFICERS ANI)	ind title if applicable.  DIRECTORS	(NOTE:	Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	DRESS		J25 / DATE / FICERS AN		RS IN 12
SIGNATUF:E  12. TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed in its Control of the C	of registered agent a DFFICERS ANI)	ind title if applicable.  DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP	DRESS		J25 DATE / FICERS AN	☐ Change	RS IN 12 ☐ Addition
SIGNATUF!E  12. TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE	Signature, typed or printed in its Control of the C	of registered agent a DFFICERS ANI)	ind title if applicable.  DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE	DRESS		/25 DATE /	☐ Change	RS IN 12 ☐ Addition
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SIGNATUF:E  12.  TITLE  NAME  STREET ADDRE SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE'S  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE'S  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE'S  STREET ADDRE'S  STREET ADDRE'S  STREET ADDRESS	Signature, typedfor printed in grant pri	of registered agent a DFFICERS ANI)	DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIP 5.3 STREET ADD 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 NAME 5.5 STREET ADD 5.6 CITY-ST-ZIP	DRESS DRESS DRESS DRESS DRESS		J25 / DATE /	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition

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 attach lent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MICHAEL F. LANGER.