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 # P96000051261 (1)

STATE OF ART SECURITY AGENCY INC.

Principal Place of Business Mailing Address 3006 CLUBVIEW DRIE 281 ROUTE 46 WEST ORLANDO FL 32822 ELMWOOD PARK NJ 07407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 22-3488583 Not Applicable 3006 Clubuled Drive Suite, Apt. #, etc 281 Route 46 West Suite, Apr. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Elmwoen Park orlando Country 8. This corporation owes or has paid the current year Intangible USA Yes USA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RI Name AKIN, ROBERT S 311 NORTHWEST 78TH TERRACE BLDG. 33 82 Street Address (P.O. Box Number is Not Acceptable) **APT 108** 83 PEMBROKE PINES FL 33024 64 City 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 appointment as registered agent. I am familiar with, and accept the appointment as registered. (NOTE Registered Agent signature requ red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELFTE __ Change __ Addition TITLE 1.1 TITLE PATIRE, THOMAS J 1.2 NAME NAME 94 FIRST STREET STREET ADDRESS 1.3 STREET ADDRESS **LODI NJ 07644** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE

6.4 CITY-ST-ZIP CITY - \$1 - 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 supplicmental 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 altachment with an address

3.2 NAME

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

53 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

THILE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELETE

Change

Change

Addition

Addition

☐ Addition

and the same of the same of the same

FILED

Feb 12 1998 8:00am

Secretary of State

1/13/98 201-475-1900