


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

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90032 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055876

1. Corporation Name
C. LAWRENCE SECURITY, INC.



Principal Place of Business 3409 NW 9TH AVE #1101 OAKLAND PARK FL 33309 US	Mailing Address 3409 NW 9TH AVE #1101 OAKLAND PARK FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10819 NW 43rd St Suite, Apt. #, etc. 22 City & State 23 Sunrise, Fla Zip 24 33351 County 25 Broward	2a. Mailing Address 26 10819 NW 43rd St Suite, Apt. #, etc. 27 City & State 28 Sunrise, Fla Zip 29 33351 County 30 Broward
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3. Date Incorporated or Qualified 07/01/1996	4. FEI Number 65-0677452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent LAWRENCE, CHARLES P 3411 NW 9TH AVE STE 704 OAKLAND PARK FL 33309	
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10. Name and Address of New Registered Agent 81 Name LAWRENCE, CHARLES P 82 Street Address (P.O. Box Number is Not Acceptable) 10819 NW 43rd St 83 84 City Sunrise, FL 85 Zip Code 33351

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  (NOTE: Registered Agent signature required when reinstating) DATE 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LAWRENCE, CHARLES	1.2 NAME	LAWRENCE, CHARLES
STREET ADDRESS	3411 NW 9TH AVE STE 704	1.3 STREET ADDRESS	10819 NW 43rd St
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/28/99 DAYTIME PHONE # (954) 748-8596

CR2E034 (11/98)