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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000065343 (1)

FEDERAL SECURITY SERVICES CORP.

Principal Place of Business Mailing Address 4100 COLUNS AVENUE 4100 COLLINS AVENUE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0705476 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Country $Z_{\rm IP}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DEUTSCH, JEROME 4465 ADAMS AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutos, 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. Thereby 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1 1 TITLE ☐ Change Addition DEUTSCH, JEROME NAME 4100 COLLINS AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 1.4 CHY-ST-ZIP CITY-ST-ZIP DULETE Change Addition TITLE 2.1 TITLE NAME 2.7 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME

CITY-SI-7P 64 City-St-2IP In this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information arrived reject is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an ver or trustue ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied wi indicated on this annual report or suppliementa officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an attai

4.3 STREET ADDRESS 44 CITY-ST-ZIP

5 3 STREET ADDRESS 5.4 CITY - ST - ZIP

51 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHTY - ST - ZIP

TITLE

NAME

TITLE NAME

385 1385366

Change

Change

Addition

___ Addition

FILED

Apr 30 1998 8:00am

Secretary of State