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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000015147					
ELITE SOUND AND SECURITY, INC.						

Principal Place of Business Mailing Address 521 RIVIERA DRIVE ALTAMONTE SPRINGS FL 32701

521 RIVIERA DRIVE ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/17/1997

<ol><li>Principal Pl</li></ol>	ace of Business	za. Mailing Address			4. FEI Number	Apr	plied For	
21		26			59-3427831	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	Additional	
22	27					Fee Re	quired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax.			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		<del></del>	81	Name				
	REILLY, PATRICK M			82 Street Address (P.O. Box Number is Not Acceptable)				
521 RIVIERA DR			02	52 Street Address (F.O. Box Number is Not Acceptable)				
ALTA	ALTAMONTE SPRINGS FL 32701			_				
						] =   =: - c		
			84	City	F	_   <b>85</b>   Zip C	i	
11. Pursuant	to the provisions of Sections 607 \$502	and 607,1508, Florida Statutes	s, the above	-named corp	oration submits this statement for the purpose con's board of directors. I hereby accept the appoint	f changing its	registered	
office or r	egistered agent, or toth in the State of	f Florida, Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appropriate	ointment as rec	gistered	
agent. i a	m lamiliar with, and acceptable obligate	ons or, section our todas, mon	da Olatotes.		2.1	18/09	J	
SIGNATURE	Signature, typed or printed flame of registered agent	and title if abstrable. (NOTE: F	Registered Agent	signature required	d when reinstating) DATE	<del></del>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD DELETE		1.1 TITLE			Change	☐ Addition	
NAME	REILLY, PATRICK M		1.2 NAME				ļ	
STREET ADDRESS	521 RIVIERA DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3270	1	1.4 CITY-ST	-7IP			_	
TITLE	VD	DELETE	2.1 TITLE	V	)	Change	Addition	
NAME	CLENDENIN, JASON G		2.2 NAME		RAD BOSHETE	•	( )	
STREET ADDRESS	521 RIVIERA DRIVE		2.3 STREET		LI RIVIERA DA.		•	
CITY-ST-ZIP			2.4 CITY-S	T. 7/P A	LT. SPRINGS , FL 3270-1-		}	
TITLE	S	DELETE	3.1 TITLE		DI. SPIRITORI	Change	Addition	
NAME	WALTHALL, MARION J	<b>_</b>	3.2 NAME				Ì	
	521 RIVIERA DRIVE		3.3 STREET	ADDRESS				
STREET ADDRESS		1			•			
CITY-ST-ZIP TITLE			3.4. CITY-S' 4.1 TITLE	(-AF		☐ Change	Addition	
	TRULL, STEVE	- DEEE 16	4. 2 NAME			_ ,	_	
NAME	521 RIVIERA DRIVE		4.2 NAME	ADDRESS			Ì	
STREET ADDRESS								
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST	-21		Change	Addition	
TITLE			5.1 THE					
NAME			5.3 STREET	ADDRESS			}	
STREET ADDRESS			5.4 CITY-ST	ì				
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Addition	
TITLE		□ vcreie	6.2 NAME			change		
NAME		1	6.3 STREET	ADDDESC				
STREET ADDRESS		- 1					\	
CITY-ST-ZIP	/ <b>\                                   </b>	1	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 of suppliemental 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 or man attachment with an address, with all other like empowered.

SIGNATURE: