## 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 # P97000026812 1. Corporation Name

BOXER SECURITY, INC.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90004 024 \*\*\*150.00



	of Business	Mailing Address						
4630 SO. KIRKMAN RD., STE. 367 4630 SO. KIRKMAN RD., STE. ORLANDO FL 32811 ORLANDO FL 32811			E. <b>3</b> 67		DO NOT WR	ITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 03/20/1997			-
		2a. Mailing Address			4. FEI Number		A	pplied For
2. Principal Pla	ace of Business	$\vdash$			59-3438798			ot Applicable
21		Suite, Apt. #, etc.					\$8.75	Additional
Suite, Apt. #	t, etc.	— · · ·			5. Certificate of Status Desired		. Fee R	Required
22		City & State			6 Election Campaign Financing		\$5.00	May Be
City & State	ı	<del>-</del>			Trust Fund Contribution			to Fees
23	Country	Zip	Countr	v	8. This corporation owes the cur	rent year i	ntangible	
Zip —	Country	- H	30	•	Personal Property Tax.		<b>∑</b> Yes	. □No
24	9. Name and Address of Cur	140	301		10. Name and Address of New	Registere	d Agent	
	9. Name and Address of Cui	Tent Kegistalea Figeria	8	1 Name	***			
HARI	TYLER S		_		ID C. Day Number is Not Assess	table	<del></del>	
	SO. KIRKMAN RD., STE. 367	7	8	2 Street Add	ress (P.O. Box Number is Not Accep	labie)		<u>.</u>
	NDO FL 32811	•	8:	3			3.3(445)	5 (L) (18)
OHD-	(NDO 1 E 02011				<u> </u>		100 100	) (1 1 1
			8	4 City	<del>-</del>	F	85 Zip	Code
			l		comtion submits this statement for th	e purpose	of changing i	ts registered
		TEOR LOOT 4500 Clearly Chatrate	on the abo	ve-named corr			ointment as	
11. Pursuant to	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute tate of Florida, Such change was a bligations of, Section 607.0505, Flori	es, the abouthorized brida Statute	ve-named corp y the corporations.	ion's board of directors. I hereby according	ept the app	on the contract of	registereu
agent. I an	to the provisions of Sections 607.  egistered agent, or both, in the St in familiar with, and accept the ob-	0502 and 607.1508, Florida Statut tate of Florida. Such change was a oligations of, Section 607.0505, Flori	es, the abouthorized brida Statute	ve-named corp y the corporati es.	on's board of directors. I hereby according			registered
agent. I an	n familiar with, and accept the ob	oligations of, Section 607.0505, Flor	rida Statute	es.	ed when reinstating)	DATE		
office or re agent. I an SIGNATURE	n familiar with, and accept the ob	oligations of, Section 607.0505, Flor	rida Statute	es.	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	TORS IN 12
office or reagent. I an SIGNATURE	n familiar with, and accept the ob	digations of, Section 607.0505, Flood agent and title if applicable. (NOTE	ida Statute	es. pent signature requin	ed when reinstating)	DATE		TORS IN 12
office or reagent. I an SIGNATURE	n familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	oligations of, Section 607.0505, Floring agent and title if applicable.  NOTE NOTE CONTROL (NOTE)	Registered Ag	yent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	TORS IN 12
office of reagent. I an SIGNATURE  12.  TITLE  NAME	signature, typed or printed name of registered  OFFICERS  PD  HARI, TYLER S	agent and title if applicable. (NOTE AND DIRECTORS	Registered Ag  13. 1.1 TITLE	yent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	TORS IN 12
office or reagent. I an SIGNATURE  12.  11TLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	agent and title if applicable. (NOTE AND DIRECTORS	Registered Ag  13. 1.1 TITLE	ent signature requir	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	FORS IN 12 e
office or reagent. I an SIGNATURE  12.  11TLE  NAME  STREET ADDRESS  CITY-ST-ZIP	signature, typed or printed name of registered  OFFICERS  PD  HARI, TYLER S	agent and title if applicable. (NOTE AND DIRECTORS	Registered Ag  13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	FORS IN 12 e
office or reagent. I are agent. I are signature.  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	aligations of, Section 607.0505, Floid agent and title if applicable. (NOTE AND DIRECTORS	Registered Ag  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	FORS IN 12 e
office or reagent. I an SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	aligations of, Section 607.0505, Floid agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	FORS IN 12 e
office or reagent. I an SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	aligations of, Section 607.0505, Floid agent and title if applicable. (NOTE AND DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	FORS IN 12 e Addit
office or reagent. I an agent. I an SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	in agent and title if applicable. (NOTE AND DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	ent signature requin  E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP)	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT	FORS IN 12 e
office or reagent. I an agent. I an SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	aligations of, Section 607.0505, Floid agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12 e
office or reagent. I an SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	in agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	ent signature require  E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12 e
office or reagent. I an agent. I an SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered OFFICERS  PD  HARI, TYLER S  4630 SO KIRKMAN RD STE	in agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRI	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12 e
Office or reagent. I are agent.	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	agent and title if applicable. (NOTE AND DIRECTORS DELETE  367 DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 2.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY 3.4 CITY 3.5 TRE 3.7 TITLE 3.7 NAMI 3.7 STRE 3.8 TRE 3.8 TRE 3.8 TRE 3.8 TRE 3.9 TRE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY	ent signature requine  E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office or reagent. I are agent. I are agent. I are signed and agent. I are signed and agent. I are agent. I are signed and agent and agent	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	in agent and title if applicable. (NOTE AND DIRECTORS DELETE	Registered Ag	ent signature requine  E EET ADDRESS -ST-ZIP E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E E ET ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office of reagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	agent and title if applicable. (NOTE AND DIRECTORS DELETE  367 DELETE	Registered Ag	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office or reagent. I are agent. I are agent. I are signed and agent. I are signed and agent. I are agent. I are signed and agent and agent	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	agent and title if applicable. (NOTE AND DIRECTORS DELETE  367 DELETE	Registered Ag	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office of reagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	department of the property o	Registered Ag	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12 e
Office or reagent. I are agent. I are signature.  112.  11TLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	agent and title if applicable. (NOTE AND DIRECTORS DELETE  367 DELETE	Registered Ag	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office of reagent. I am SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD HARI, TYLER S 4630 SO KIRKMAN RD STE	department of the property o	Registered Ag	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office or reagent. I am SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both in the soft familiar with, and accept the observation of the soft	department of the property o	Registered Ag  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	ent signature requin	ed when reinstating)  ADDITIONS/CHANGES TO Q	DATE	AND DIRECT Change	FORS IN 12  e
Office of reagent. I am SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, or both in the soft familiar with, and accept the observation of the soft	gent and title if applicable   (NOTE     AND DIRECTORS   DELETE     DELETE     DELETE     DELETE     DELETE     DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRI 4.1 TITL 4.2 NAMI 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAMI 5.3 STRI 5.4 CITY 5.3 STRI 5.4 CITY 5.4 CITY	ent signature requin	ed when reinstating}  ADDITIONS/CHANGES TO O	DATE	AND DIRECT Change	FORS IN 12 e
Office of reagent. I am SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, or both in the soft familiar with, and accept the observation of the soft	department of the property o	Registered Ag	ent signature requin	ed when reinstating}  ADDITIONS/CHANGES TO O	DATE	AND DIRECT Change	FORS IN 12 e
Office of reagent. I am SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pgistered agent, or both in the soft familiar with, and accept the observation of the soft	gent and title if applicable   (NOTE     AND DIRECTORS   DELETE     DELETE     DELETE     DELETE     DELETE     DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 STRE 6.4 CITY 6.1 TITLE 6.2 NAMI 6.3 NAMI 6.3 NAMI 6.3 NAMI 6.4 CITY 6.4 NAMI 6.5 NAMI 6.	ent signature requin	ed when reinstating}  ADDITIONS/CHANGES TO O	DATE	AND DIRECT Change	FORS IN 12 e
Office of reagent. I am agent. I am SIGNATURE  12.  11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pgistered agent, or both in the soft familiar with, and accept the observation of the soft familiar with, and accept the soft familiar with, and accept the observation of the soft familiar with, and accept the soft familiar with accept the soft familiar with a soft fa	gent and title if applicable   (NOTE     AND DIRECTORS   DELETE     DELETE     DELETE     DELETE     DELETE     DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRI 4.1 TITLE 4.2 NAMI 4.3 STRI 4.1 TITLE 5.2 NAMI 5.3 STRI 5.1 TITLE 5.2 NAMI 6.3 STRI 6.1 TITLE 6.2 NAMI 6.3 STRI 6	ent signature requin	ed when reinstating}  ADDITIONS/CHANGES TO O	DATE	AND DIRECT Change	FORS IN 12 e

thus and accorde and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or s officer or director of the corporation Block 12 or Block 13 if changed, o

CR2E034 (11/98)