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	DIVISION	OF CORPORATIONS		ary or state	
	· · · ·	00030990 (0	0)			
ALL-PO	NINTS SECURITY, INC.			E MERITERE RIO JOHN HORR CORN DORN D	IPAR PARAGIRAN ARMA ARMA MAMA ARMA ARMA	
Principal Plac	e al Business	Mailing Address				
Principal Place of Business Mailing Address 12108 MIDLAKE DRIVE 12108 MIDLAKE DRIVE			Æ			
TAMPA FL 33		TAMPA FL 33612	C	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				04/07/1997		
2. Principal Place of Business 2a. Mailing Address			<u>, </u>	4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-3437775	Not Applicable	
22	#, BLC.	27 Stille, Apr. #, 810.		5. Certificate of Status Desired	S8.75 Additional Fee Regulred	
City & Stat	e	Cily & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p	~ · ~ ·	
24	25 9. Name and Address of Cu	[29] rrent Registered Agent	30	Personal Property Tax due Jur 10. Name and Address of New F		
ALA	ERILAWYER CHARTERED		81 Name	The last to		
	ALMERIA AVENUE			81 Name JOSEPH E, STINSON 82 Street Address (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134		12.	108 MIDLAKE	DRIVE	
			83			
			84 City	N4 O.A	85 Zip Code	
44 Pursuant	to the provisions of Sections 607	0502 and 607 1508 Florida Si	tetutes the above named no	progration submits this statement for the	FL 38612	
office or r	egistered agent, or both, in the S	tate of Florigu. Such change v	vas authorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	ept the appointment as registered	
SIGNATURE	load ?	July Section 607.000x	JOSEPH E	STINSON	1/17/98	
SIGNATURE			(NOTE: Registered Agent signature red	quired when reinstating)	DATE	
12.		AND DIRECTORS RELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition	
NAME .	PŤD STINSIN, JOSEPH E	misspellad)	1	SVD		
STREET ADDRESS	12108 MIDLAKE DRIVE	misspenta J	1.3 STREET ADDRESS	NORES F. TRESLAS	LINALUS #2402	
CITY-ST-ZIP	TAMPA FL 33612	`	1,4 CiTY-ST-ZIP	TAMPA. FL 33	602	
TITLE	SVD	DELETE		TD	Change Addition	
NAME	STINSON, MISTY L			stinson, Joseph	F	
STREET ADDRESS	12108 MIDLAKE DRIVE		2.3 STREET ADDRESS	2) OF MIDLANE	Prine	
CITY-ST-ZIP	TAMPA FL 33612	DELETE	2. 4 CITY-ST-ZIP	TAMPA PL 33	Change Addition	
TITLE		L) VILLE	3.1 TITLE 3.2 NAME		The control	
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TIRE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		- Drick	5.2 NAME		CT complies CT Magnitude	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP			
TITLE		☐ DELET E	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby certify that the information supplied with this filling 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 by 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 truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an other properties of the corporation of the receiver of truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an other properties.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Mar 05 1998 8:00am

Secretary of State