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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036443 (4)

NATIONS SECURITY INC.

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Principal Place of Business Mailing Address						I INDIIINNI IIN INFILINDII NUULE BULII U	DIN BUNED HING DINK DIBU D	11888 443 1843
1516 SEAGULL DRIVE 1516 SEAGULL DRIVE #303 #303 PALM HARBOR FL 34685 PALM HARBOR FL 34685						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal Plac	ce of Business	2a. Mailing A	ddress			04/23/1997 4. FEI Number		Applied For
21		26	26			59-3468521	 	Not Applicable
Sulte, Apt. #,	etc.	Suite, Ap				5. Certificate of Status Desired		Additional Required
City & State		City & Str	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip Country		28	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	25	29	36	·		B. This corporation owes or has p Personal Property Tax due Jun	—	ntangible
24]	9. Name and Address of Cur			<u> </u>		10. Name and Address of New R		
BECERRA, RICHARD 81 Name						hard Bectire		
3579 DEER RUN SOUTH					Street Addre	ss (P.O. Box Number is Not Accepta	able)	,
PALM HARBOR FL 34684					1576-	303 SCAW/ Driv	~	
				83				
				84	69 ₄ .	11	- 85 Zir	Code
\$1 Pureupot to	the provisions of Sections 607.	1602 and 607 1509 E	lorida Sta tutor	the above	PACM	pration submits this statement for the	FL 3	ite registered
office or reg	istered event of sections the Stamiliar with and accept the ob-	ate of Florida, Such o	hange was aut	horized by t	the corporation	on's board of directors. I hereby accepts	ept the appointment a	is registered
1 -	rammer with, and accept the of	oligations of Section 6	007.0505, FIORG	da Statutes.				
SIGNATURE	proliure, typed or printed name of rupistered	agent and trin if applicable	(NOTE R	Registered Agent	signature required	d when reinstaling)	DATE:	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PORIOUNT) DELETE	1.5 TITLE				Addition
NAME /	Chard Becelong 674-303 Sangull Men Hallor M	Drive		1.2 NAME				
STREET ADDRESS	874-503 3 my		سمعمده	1.3 STREET A				
CITY-ST-ZIP	ALM HANGOT, PE	orida 54	DELETE	1.4 CITY - ST -	ZIP		☐ Change	Addition
TITLE NAME		L) DECETE	2.1 TITLE 2.2 NAME			Unange	L.J Addition
STREET ADDRESS				2.3 STREET A	DORESS			
CITY-ST-ZIP				2.4 CITY-ST-				
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET AL	DDRESS			
CITY-ST-ZIP				3.4. CITY-ST-	- ZIP			
TITLE		L	DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET AS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY-ST-	ZIP		☐ Change	Addition
TITLE		L	1 Pricir	5.1 TITLE 5.2 NAME			∟ cuantic	Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET AL	ODRESS			
CITY-ST-ZIP				5.4 CITY-ST-				
TITLE			DELETE	6.1 TITLE	E11		☐ Change	Addition
NAME				6.2 NAME	1		-	
STREET ADDRESS				6.3 STREET AL	ODRESS			
					700			

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 chartred dr on an attachment with an address.