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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052875 (6)

Block 12 or Block 13 if changed, or on an attachment with an address. COCOFDICK

UNITED-MAXIMUM SECURITY SYSTEMS INC.

Principal Place of Business

100

1

要性を表現れる かんし

1

t

1

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



7402 N 56TH ST. SUITE 720 7402 N 58TH ST. SUITE 720 **TAMPA FL 33617** TAMPA FL 33617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 Applied For 2. Principal Place of Business 2a. Mailing Address P.O.BOX 270359 I N. DAIE MABRY Not Applicable \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REDERICK SCHATZ, FREDERICK M 7402 N 56TH ST, SUITE 720 **TAMPA FL 33617** 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE 12101 N. DAIR MABRY HWY Suite 155 TAMPA F1 33624 NAME **SCHATZ, FREDERICK M** 1.2 NAME 7402 N-56TH ST, SUITE 720 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33017 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP 14. Thereby 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 trusted empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in