

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90072 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000054223

1. Corporation Name
SECURITY MARKETING, INC.

Principal Place of Business 1000 EAST EMMETT STREET SUITE 202 KISSIMMEE FL 34741	Mailing Address 1000 EAST EMMETT STREET SUITE 202 KISSIMMEE FL 34741
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1997

21. Principal Place of Business 1101 N. LAKE DESTINY RD. SUITE 120 MAITLAND, FL 32751	22. Suite, Apt. #, etc.	26. Mailing Address 1101 N. LAKE DESTINY RD SUITE 120 MAITLAND FL 32751	27. Suite, Apt. #, etc.
23. City & State	28. City & State	29. Zip	30. Country

4. FEI Number
59-3453417

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**FAGAN, MARY E
 1000 EAST EMMETT STREET
 SUITE 202
 KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name
Fagan, Mary E.

82 Street Address (P.O. Box Number is Not Acceptable)
1101 N. Lake Destiny Rd.

83 Suite 120

84 City
Maitland FL 85 Zip Code
32751

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (same agent, different address) **MARY E. FAGAN-13-99** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FAGAN, MARY E
STREET ADDRESS	1000 E EMMETT STREET SUITE 202
CITY-ST-ZIP	KISSIMME FL 34741
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fagan, Mary E.
1.3 STREET ADDRESS	1101 N. Lake Destiny Rd. Suite 120
1.4 CITY-ST-ZIP	Maitland, FL 32751
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **4-13-99** (407) 875-8088
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)