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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

THE CHARDIAN SECURITY COOLD INC

	ÚLÍDINIA C	seconiii anoc); ii4O:	•								
Principal Place	of Business	<u> </u>	M	ailing Address	-			-{	86111 6310 1 9		O FIR LEGA 1801	
•		•		-								
3880 N. 28 TERR					n							
HOLLIWOOD !	L 35020		110	LETTIOOD TE OOGE	•			DO NOT WRITE	IN THIS	SPACE		
								3. Date Incorporated or Qualifed				
		•						06/26/1997				İ
2. Principal Pl	lace of Busin	less	2a.	Mailing Address	•			4. FEI Number		Api	olied For	Ì
21			26	ū				58-1799634		No	Applicable	1
Suite, Apt. :	#, etc.		1-0,	Suite, Apt. #, etc.						\$8.75 A	dditional	1
22	•		27					5. Certifcate of Status Desired		Fee Re	quired	
City & State	e .		1	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23	···		28	· 	ببند			Trust Fund Contribution	<u>Ų</u>	Added to		-
Zip		Country		Zip		Country	,	8. This corporation owes the curren	nt year Inta	ingible		1
24		25	29		30			Personal Property Tax.	•		□No	
		and Address of Curr		tered Agent				10. Name and Address of New Re	gistered A	\gent		
- HARANT						81	Name					ļ
		GISTERED AGENTS					Charles Addres	/D O D Marches in Net Assentab	lo\			ĺ
20 S. BISCAYNE BLVD., STE. 4874			4			82	Street Addre	ss (P.O. Box Number is Not Acceptable	ie)			ĺ
MIAMI FL 33131			•		83						1	
		•				٠.						
						84	City		FL	85 Zip C	ode	
44 Dumunt	to the provin	ions of Soctions 607.0	EO2 and 6	07 1508 Elorida Si	tatutee t	ha above	e-named corno	ration submits this statement for the pr		hanging its	registered	1
office or re	egistered ago	ent. or both. in the Sta	te of Florid	la. Such change w	as authoi	rized by	the corporation	n's board of directors. I hereby accept	the appoin	tment as reg	jistered	
agent. 1 ar	m familiar wi	th, and accept the obli	gations of,	Section 607.0505	, Florida :	Statutes	i.					
SIGNATURE									DATE			١.
	Signature, typed	or printed name of registered a	acent and title i	if adolicadie.	NOTE: Rega	stered Ager	nt signature required	when reinstating)	DAIL			J i
				, , , , , ,		42		ADDITIONS/CHANGES TO GEE	CERS AN	DIRECTO	RS IN 12	1
12.		OFFICERS		CTORS	F	13.	. 1	ADDITIONS/CHANGES TO OFFI	CERS AN		RS IN 12	
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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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

926-520