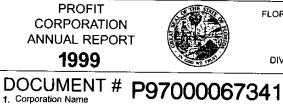
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 18, 1999 8:00am FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State**

02-18-1999 90097 004 ***150.00

ADVANCED SECURITY COMMUNICATIONS, INC.							
Principal Pla	ace of Business	Mailing Address		-	i i denimen sin venis indisi dasis denis edisi edisi d	enia d ian i rdea hii	
616 NW 167TH ST 616 NW 167TH ST MIAMI FL 33169 MIAMI FL 33169					·		
					DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Addres					08/04/1997 4. FEI Number		
21		-	26		65-0806684	<u> </u>	pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03-0000004		ot Applicable Additional
22		27		5. Certificate of Status Desired		equired	
City & State		City & State		6, Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip Country			Zip Country		8. This corporation owes the current year Intangible		
24	25 9. Name and Address of Cur	29 Zent Registered Agent	30		Personal Property Tax.	Yes	□No
	5. Hame and Address of Cal	rent Registered Agent	81	Name	10. Name and Address of New Register	ed Afgent	
	LENZANO, JOSEPH	•					
	S NW 167TH ST		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33169-5342		83				
			84	City	F	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the above-n	named corpo	0 1 1 11 11 1	-	registered
office or agent. It	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was au igations of, Section 607,0505, Flori	thorized by the	e corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	<u> </u>		da Cidiaics.				}
	Signature, typed or printed name of registered		Registered Agent sig	gnature required	when reinstating) DATE		
12	·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
'TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	VALENZANO, JOSEPH	,	1.2 NAME				
STREET ADDRESS	0.0 //// 10/ /// 01		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33169-5342	C priete	1.4 C/TY-ST-Z/P				
NAME	STD COOK BONNED	☐ DELETE	2.1 TITLE		*	Change	☐ Addition
STREET ADDRESS	COOK, RONALD 616 NW 167TH ST		2.2 NAME		į		{
CITY-ST-ZIP	MIAMI FL 33169-5342		2.3 STREET ADDRESS		ģ		
TITLE	MIAWI FL 33 109-3342	DELETE	2.4 CITY-ST-ZIP		A		
NAME		□ OELETE				Change	Addition
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP			3.3 STREET ADI				
TITLE	☐ DELETE		3.4. CITY-ST-ZI	P			
NAME			4.1 MAME	ļ		☐ Change	☐ Addition
STREET ADDRESS			4.3 STREET ADE	DECCC			
CITY-ST-ZIP			4.4 CITY-ST-ZIF				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition (
NAME			5.2 NAME			onlinge	
STREET ADDRESS			5.3 STREET ADD	RESS	and the second of the second o	• "	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	,]	•		.
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			<u> </u>	
STREET ADDRESS			6.3 STREET ADD	RESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP]

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:

758-7232