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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000071238 (4)

1. Corporation Name  
SCORPION SECURITY CORPORATION



Principal Place of Business

3900 AVENUE F  
FT. PIERCE FL 34947

Mailing Address

3900 AVENUE F  
FT. PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 951 Emerald Avenue  
Suite, Apt. #, etc.

22

City & State

23 Ft Pierce FL

Zip

24 34945

Country

25 USA

2a. Mailing Address

26 951 Emerald Avenue  
Suite, Apt. #, etc.

27

City & State

28 Ft Pierce, FL

Zip

29 34945

Country

30 USA

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

65-0797076

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRESUTTI, VICTOR SR  
3900 AVENUE F  
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

Victor Presutti, Sr.

82

Street Address (P.O. Box Number is Not Acceptable)

951 Emerald Avenue

83

84

City Ft Pierce

FL

85

Zip Code 34945

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Victor Presutti Sr.

STREET ADDRESS 951 Emerald Avenue

CITY-ST-ZIP Ft Pierce, FL 34945

TITLE ☐ DELETE

NAME Vice President

STREET ADDRESS Marie Presutti

CITY-ST-ZIP 951 Emerald Avenue

FT. Pierce, FL 34945

TITLE ☐ DELETE

NAME Secretary

STREET ADDRESS Sharon Mason

CITY-ST-ZIP 445 Campbell Road

FT. Pierce, FL 34945

TITLE ☐ DELETE

NAME TREASURER

STREET ADDRESS CAROL WOUTERS (N/A)

CITY-ST-ZIP P.O. Box 382

FT. Pierce, FL 34945

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Victor Presutti, Sr.

1.3 STREET ADDRESS 951 Emerald Avenue

1.4 CITY-ST-ZIP Ft Pierce, FL 34945

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Vice President

2.3 STREET ADDRESS Marie Presutti

2.4 CITY-ST-ZIP 951 Emerald Avenue

FT. Pierce, FL 34945

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Secretary

3.3 STREET ADDRESS Sharon Mason

3.4 CITY-ST-ZIP 445 Campbell Road

FT. Pierce, FL 34945

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Treasurer

4.3 STREET ADDRESS Carol Wouters (N/A)

4.4 CITY-ST-ZIP P.O. Box 382

FT. Pierce, FL 34945

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

MAISON

3-10-98

CR2E034 (10/97)