

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90056 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000079372

1. Corporation Name  
**BLUE DOLPHIN SECURITY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5777 BENEVA ROAD SOUTH SARASOTA FL 34233  
 Mailing Address: 5777 BENEVA ROAD SOUTH SARASOTA FL 34233

3. Date Incorporated or Qualified  
**09/11/1997**

2. Principal Place of Business  
 21 **5773 Beneva Rd so** 2a. Mailing Address  
 26 **5773 Beneva Rd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State  
 23 **Sarasota, FL** 28 **Sarasota, FL**  
 Zip Country Zip Country  
 24 **34233** 25 **Sarasota** 29 **34233** 30 **Sarasota**

4. FEI Number  
**65-0781907** Applied For  
 Not Applicable  
 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  
**PREWETT, DANIEL L**  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5775 Beneva Rd so**  
 83  
 84 City **Sarasota** FL 85 Zip Code **34233**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Melvin Prince <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, ALVA	1.2 NAME	4410 Garcia Ave
STREET ADDRESS	5777 BENEVA ROAD SOUTH	1.3 STREET ADDRESS	Sarasota, FL
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREWETT, DAN	2.2 NAME	4410 Garcia Ave
STREET ADDRESS	<del>5777 BENEVA ROAD SOUTH</del>	2.3 STREET ADDRESS	Sarasota, FL 34233
CITY-ST-ZIP	<del>SARASOTA FL 34233</del>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILAT, KEN	3.2 NAME	1316 George town Circle
STREET ADDRESS	5777 BENEVA ROAD SOUTH 1356 J	3.3 STREET ADDRESS	Sarasota FL 34232
CITY-ST-ZIP	SARASOTA FL 34233	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Melvin Prince Date: 5/3/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)