

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

FILED  
Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000079941 (5)

1. Corporation Name

HAWKS SECURITY, INC.

Principal Place of Business

Mailing Address

26 CROSSING CIRCLE  
SUITE B  
BOYNTON BEACH FL 33435

26 CROSSING CIRCLE  
SUITE B  
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

65-0784015

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVESTRE, SORAYA  
26 CROSSING CIRCLE  
SUITE B  
BOYNTON BEACH FL 33435

81 Name

ADAM R. FREEMAN

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

161 EXECUTIVE CIRCLE

83

CITRUS GLEN

84 City

BOYNTON BEACH FL

85 Zip Code

33436

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

Adam Freeman VP

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 24, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILVESTRE, NORMAN	
STREET ADDRESS	26 CROSSING CIRCLE, #B	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SILVESTRE, SORAYA	
STREET ADDRESS	26 CROSSING CIRCLE, #B	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ADAM R. FREEMAN
2.3 STREET ADDRESS	161 EXECUTIVE CIRCLE
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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.

SIGNATURE

Adam Freeman

APR 24 1998

CR2E034 (10/97)