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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P9700083777 (7)

FILED Jun 30 1998 8:00am Secretary of State

SECURITY CONCEPTS INTERNATIONAL, INC. Principal Place of Business Mailing Address 9180 STATE ROAD 84 9180 STATE ROAD 84 FY LAUDERDALE FL FT LAUDERDALE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, #tc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Bronchick, Kenneth C esq 100 W CYPRESS CREEK ROAD SUITE 910 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change **CAM**ACHO, CHARLES B NAME 1.2 NAME **13249 NW 12 COURT** STREET ADDRESS 1.3 STREET ADDRESS **S**UNRISE FL 33323 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21 TITLE **OAM**ACHO, CHARLES A 2.2 NAME NAME 13249 NW 12 COURT STREET ADDRESS 2.3 STREET ADDRESS **SUNR**ISE FL 33323 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE Addition TITLE 6.1 TITLE 12/30 20**0**0025762**1**2 NAME 6.2 NAME -06/30/98--01012--043 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 6.4 CITY-ST-ZIP 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 of a involvemental 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 corplyration of the corplyration of the corplyration of the corplyration and 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 changing an all chiment with an address.

SIGNATURE X

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