

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

FILED

Apr 16 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 # P97000091514 (4)

1. Corporation Name

FORCE ONE SECURITY CONSULTING, INC.



Principal Place of Business

432 SOUTHEAST 22 DRIVE
HOMESTEAD FL 33033
17626 Franjo Road
Miami, Florida, 33157

Mailing Address

POST OFFICE BOX 001013
HOMESTEAD FL 33033
432 SE 22nd Drive
Homestead, Fla
33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3474950

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

21 17626 Franjo Road

Suite, Apt. #, etc.

22

City & State

23 Miami, Fla 33157

Zip

24 33157

Country

25 USA

2a. Mailing Address

26 432 SE 22nd Drive

Suite, Apt. #, etc.

27

City & State

28 Homestead, Florida

Zip

29 33033

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

LAURA M. MARINELLO

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

432 SE 22nd Drive

83

84 City

Homestead

FL

85 Zip Code

33033

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 Laura M. Marinello Laura M. Marinello

3-30-98

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

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE

NAME MARINELLO, VINCENT C
STREET ADDRESS 432 SOUTHEAST 22 DRIVE
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☒ Change ☒ Addition

1.2 NAME Laura M. Marinello
1.3 STREET ADDRESS 432 Southeast 22nd Drive
1.4 CITY-ST-ZIP Homestead, FL 33033

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Vincent C. Marinello
2.3 STREET ADDRESS 432 SE 22nd Drive
2.4 CITY-ST-ZIP Homestead, FL 33033

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Laura M. Marinello
3.3 STREET ADDRESS 432 SE 22nd Drive
3.4 CITY-ST-ZIP Homestead, FL 33033

4.1 TITLE Vincent Marmello ☒ Change ☒ Addition

4.2 NAME Secretary & Treasurer
4.3 STREET ADDRESS 432 SE 22nd Drive
4.4 CITY-ST-ZIP Homestead, FL 33033

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 Vincent C. Marinello Vincent C. Marinello 3-30-98 305 252 092

CR2E034 (10/97)