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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103870

1. Corporation Name -

TELCO SECURITY, INC.

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Principal Place of Business Mailing Address												
1509 N MILITARY TRAIL 1509 N MILITARY TRAIL						ļ						
SUITE 204	TA OLI EL 20400		SUITE 204				DO NOT WOITE IN THIS SPACE					
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 3340				19			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						1	· · · · · · · · · · · · · · · · · · ·	u				
		T - 11 9 11 11					12/10/1997					
	ace of Business	⊢ —	2a. Mailing Address				I, FEI Number		<u> </u>	optied For		
21		26					65-0799213			lot Applicable		
Suite, Apt.	#, etc.	h	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional					
22		27					Fee Required					
City & State	•	City & State	- ¬ ′				6. Election Campaign Financing \$5.00 May Be					
23			28				Trust Fund Contribution Added to Fees					
Zip				1			 This corporation owes the cu 	rrent year In		_		
24	25	29	30				Personal Property Tax.		Yes	□No		
	9. Name and Address of Curr	ent Registered Agent		Ļ,). Name and Address of New	Registered	Agent			
MACK R HANSON						Name MARK R. HANSON						
224 DATURA ST				82 Street Add			P.O. Box Number is Not Accep	table)				
SUITE 1300				83								
	T PALM BEACH FL 33401			05								
		·		84	City			Fi	85 Zip	Code		
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												
		AND DIRECTORS	(NOTE: Registered	1 Agen	t signature #		ADDITIONS/CHANGES TO O		ND DIRECT	OPS IN 12		
TITLE	PTD	DEL		1,1 TITLE		τ	ADDITIONS/CHANGES TO C	FFICENS A	Change			
	•	_ 56.				1000	N BOYER					
NAME	JOHN W BOXER, CPA		1.2 NAME			-	a Bote C					
STREET ADDRESS	DALLA DOLL CADDENO EL 20440			1.3 STREET ADDRESS)		
CITY-ST-ZIP	PALM BCH GARDENS FL 33		1,4 CF			 				= 1.150		
TITLE	VSD	☐ DEL	ETE 2.1 TI	TLΕ					Change	☐ Addition		
NAME	NACK R HANSON		2.2 N	2.2 NAME		MAR	k R. HANSON			ĺ		
STREET ADDRESS	224 DATURA ST - STE 1300		2.3 \$	2.3 STREET ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL 334	09	2.40	2. 4 CITY-ST-ZIP								
TITLE		☐ DEL	ETE 3.1 TI	TLE				· -	☐ Change	Addition		
NAME			3.2 N							Ĭ		
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CITY-ST-ZIP			ŀ	TY-\$1		1				<u> </u>		
TITLE		☐ DEL				 		**	Change	Addition		
NAME			5.2 N			l			•	_ [
STREET ADDRESS			i		ADDRESS							
CITY-ST-ZIP			5.4 C	TY-S1	-ZIP	l						
TITLE		□ DEU	ETE 6.1 TI	TLE		 			Change	Addition		
NAME			6.2 N	AME						_		
APANE (€ ""									

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

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 suppliemental annual people 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 of 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 of an an attachment with an address, with all other like empowered.

561 833-7828