## 5-5-98 B- 6426 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000104167 (6) DOCUMENT #

**FILED** May 05 1998 8:00am Secretary of State

ABOT	SECURITY, INC.											
Principal Place	e of Business	Mailing Address					e indisidat sin inisi indii masic dalis da	sav ni <b>d</b> ni <b>sid</b> ni		VALUE OF		
626 NORTH S	SERMORAN BLVD SUITE 7	626 NORTH SERMORAN BLVD SUITE 7										
WINTER PARK FL 32792 WINTER PARK						[						
							DO NOT WRITE	IN THIS S	ACE	<u>.                                    </u>		_
							3. Date Incorporated or Qualified					
A Driver - 1 Di	lace of Business	On Molling Address				12/10/1997			<del></del>		4	
<del>-</del>	IZOF OT BUSINESS	2a. Mailing Address			ł	4. FEt Number			- <del></del>	plied For	-	
Sulte, Apt.	# atc	Suite Apt. #, etc.						40		t Applicab	릭	
<del>-</del>	n, etc.	27				5. Certificate of Status Desired				Additional equired	- 1	
City & State	9	City & State				6. Election Campaign Financing				May Be	$\dashv$	
23		28				Trust Fund Contribution				may be to Fees		
Zip	Country	Zip Country					8. This corporation owes or has pa	id the curre				-
24	25	29 30					Personal Property Tax due June 30.  Yes No					
	9, Name and Address of Current	Registered Agent					10. Name and Address of New Re	gistered A	gent			
OL	upitan, adetutu			81	Name							ı
626 NORTH SERMORAN BLVD SUITE 7				82 Street Addir			s (P.O. Box Number is Not Acceptab	le)				$\dashv$
WI	NTER PARK FL 32792											$\Box$
				83								
				84	City				85	Zin	Code	$\dashv$
<u> </u>								FL				
office or re agent. I at SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida, Such change was tions of, Section 607.0505, Fl	authorize Iorida Stat	d by lutes.	the corpo	oration	's board of directors. I hereby accep	the appo	intme	nt as	registered	<u> </u>
	Signature, typed or printed name of registered agent			d Agen	it signature re	equired v	when reinstating)	DATE				<b>—</b> [
TITLE	OFFICERS AND	DELETE	13.	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC		CH		S IN 12	_ {
NAME	OLUPITAN, ADETUTU	bitti						'	_ 0	ango	Addition	"   <u>}</u>
STREET ADDRESS	626 NORTH SERMORAN BLVD	SHITE 7	1.2 NAME 1.3 STREET ADDRESS								18	
CITY-ST-ZIP	WINTER PARK FL 32792	, cont ,	1.4 CITY- \$1		· 1							ļ
TITLE	VD	DELETE	2.1 TI		-217				Ch	ange	Additio	귀
NAME	ADEKOLA, ABEL O			2.2 NAME				•		0 -		
STREET ADDRESS	2913 SCHABACKER COURT				3 STREET ADDRESS							1
CITY-ST-ZIP	MENOMONIE WI 54751			ITY-\$1			A Commence of the Commence of					
TITLE	\$D	DELETE	3.1 TI						Ch	ange	Additio	n
NAME	IDOWU, BOLATITO	3.2		AME	1			<u>-</u>		•	_	1
STREET ADDRESS	AREA OF ADIDOL DOUG		3.3 ST	3.3 STREET ADDRESS								
CITY-ST-ZIP	MIRAMAR FL 33025		3.4. C	3.4. CITY-ST-ZIP								1
TITLE		DELETE	4.1 T					٦	Ch	ange	Addilio	٦Ţ
NAME			4. 2 NAME									
STREET ADDRESS			4.3 ST	REET #	ADDRESS							١
CITY-ST-ZIP			4.4 CI	TY-ST	- ZIP							
TITLE		DELETE	5.1 TITLE						Ch	ange	Additio	л
NAME			52 N/	AME	1							1
STREET ADDRESS			5.3 ST	REET A	ADDRESS .							
CITY-ST-ZIP			5.4 CITY-		- ZIP				_			
TITLE				TITLE					Ch	ange	Additio	n. T
NAME			6.2 NA	AME								
STREET ADORESS			6.3 ST	6.3 STREET ADDRESS								-
0,00,00			640	T., D.	I							- 1

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 and that my name address. 11.15-98