Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90105 039 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013621

1. Corporation Name

Principal Place of Business

MANTRACK PROTECTIVE SERVICES, INC.

123 N.W. 13TH STREET SUITE 304-11	123 N.W. 13TH STREET SUITE 304-11						
BOCA RATON FL 33432	BOCA RATON FL 33432			DO NOT WRITE IN	N THIS S	PACE	
				3. Date Incorporated or Qualifed 02/10/1998		,	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 17663			Applied For
21	26			65.081/6-3		\sqcap	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			-1		\$8.7	5 Additional
22	27			5. Certificate of Status Desired	· •.	Fee	Required.
City & State	City & State			6. Election Campaign Financing		\$5.0	May Be
23	28			Trust Fund Contribution			ed to Fees
Zip Country	Zip	Country		8. This corporation owes the current y	ear Intan	aible	
24 25	29 30	7		Personal Property Tax.		Yes	□No
9. Name and Address of Current		1		10. Name and Address of New Regis	stered Ag	gent	
3. Hanio and Adaires 5. California		81	Name				
SHAPIRO & DECTOR, P.A.							
7777 GLADES ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 200		83					
BOCA RATON FL 33434		83					ļ
BOOK NATON 12 00404		84	City	_		85 Z	p Code
					<u>FL</u>	ـــلِـــــــــــــــــــــــــــــــــ	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o 	and 607.1508, Florida Statutes, I	the above-	-named corpo	oration submits this statement for the purp	ose of ch	nanging ment as	registered registered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	ne corporatio		, арроши		, vg.s.c.s
ALCULATURE.	11/1/1/12						
SIGNATURE	and title if applicable (NOTE: Rea	sistered Apent	signature required	t when reinstating) D	ATE		
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg		signature required		RS AND	DIREC	TORS IN 12
Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE: Reg D DIRECTORS	13.	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	
Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE D	and title if applicable. (NOTE: Reg	13. 1.1 TITLE	signature required		RS AND		
Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE D IPPOLITO, CHERYL D NAME IPPOLITO, CHERYL D	and title if applicable. (NOTE: Reg D DIRECTORS D DELETE	13. 1.1 TITLE 1.2 NAME			RS AND		
12. OFFICERS AND TITLE D IPPOLITO, CHERYL D STREET ADDRESS POST OFFICE BOX 812760 N	and title if applicable. (NOTE: Reg D DIRECTORS D DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		RS AND		
Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE D IPPOLITO, CHERYL D STREET ADDRESS CITY. ST. ZIP BOCA RATON FL 33481-2760	and little if applicable. (NOTE: Reg D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-	ADDRESS		RS AND	Chang	ge Addition
12. OFFICERS AND	and little if applicable. (NOTE: Reg D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	ADDRESS		RS AND		ge Addition
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12. OFFICERS AND TITLE DIPPOLITO, CHERYL D POST OFFICE BOX 812760 N BOCA RATON FL 33481-2760 TITLE D NAME MOSS, DAVID M STREET ADDRESS POST OFFICE BOX 812760 N STREET ADDRESS POST OFFICE BOX 812760 N MOSS, DAVID M STREET ADDRESS POST OFFICE BOX 812760 N	and little if applicable. (NOTE: Reg D DIRECTORS DELETE A DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	ADDRESS .		RS AND	Chang	ge Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS