PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P98000016131

SECURITY UNLIMITED INC.

**FILED** May 05, 1999 8:00 am Secretary of State 05-05-1999 90215 049 \*\*\*150.00

Principal Place	e of Business	Mailing Address			1			
1079 DEERWOOD LANE WESTON FL 33326		1079 DEERWOOD LANE						
		WESTON FL 33326			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
			<u>.</u> _		02/18/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			olied For
21		26						Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22		27			<u> </u>			<del>`                                    </del>
City & State	8	City & State			-6. Election Campaign Financing	_0	\$5.00 Added t	
23		28	Countr		Trust Fund Contribution	ent voor loton		0 7 608
Zip	Country	Zip	30	,	This corporation owes the curl     Personal Property Tax.			□No
24	9. Name and Address of Curre	29	130)		10. Name and Address of New I			
	9. Name and Address of Curre	BUT WARISTELED WRAIT		1 Name	10.			
SAW	ticki, maximo			<u> </u>				
	DEERWOOD LANE		8:	2 Street Add	ress (P.O. Box Number is Not Accept	able)		
	TON FL 33326		8:	3				
*****			1					
			8-	4 City		FŁ	85 Zip C	Code
		00 and CO7 1509 Elocida State	tee the above	ve named corr	poration submits this statement for the	purpose of ch	anging its	registered
11. Pursuanti	to the provisions of Sections but us egistered agent, or both, in the State	of Florida Such change was	uthorized b		bold to and of diseases. I become access	ot the appointm	nent as reg	jistered
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Affice or re	m familiar with, and accept the oblig	rations of, Section 607.0505, Fi	orida Statute	y ina comporan	ion's board of directors. Frieleby accep			
office or re agent. I ar SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Fr	JANUA SIAKULE	s.	Dri s Board of directors. Friendly 2000			
office or re agent. I ar SIGNATURE	rn familiar with, and accept the oblig Signature, typed or printed name of registered ag	pent and title if applicable. (NOT	E: Registered Ag	s.	ed when reinstating)	DATE		<del></del> -
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