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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90136 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000030001

1. Corporation Name

CANINE SECURITY SERVICE OF PALM BEACH COUNTY, IN
C.

Principal Place of Business

1730 SOUTH FEDERAL HIGHWAY
SUITE 137
DELRAY BEACH FL 33483

Mailing Address

1730 SOUTH FEDERAL HIGHWAY
SUITE 137
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

550942878

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 N/A

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 MA

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, NIBALDO
703 AVOCET ROAD
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name Perez, Robert

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

84 MOHIGAN CIR.

83

84 City Boca Raton

FL

85 Zip Code 33487

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

Anthony Key
Signature typed or printed name of registered agent and title if applicable.

04-22-99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME PEREZ, NIBALDO
STREET ADDRESS 703 AVOCET ROAD
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE VSTD ☒ DELETE
NAME PEREZ, PATRICIA
STREET ADDRESS 703 AVOCET ROAD
CITY-ST-ZIP DELRAY BEACH FL 33444

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 PD ☒ Change ☐ Addition
1.2 NAME Perez, Robert
1.3 STREET ADDRESS 84 MOHIGAN CIR.
1.4 CITY-ST-ZIP Boca Raton, Fl. 33487

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

Anthony Key
Signature typed or printed name of signing officer or director

04-22-99 561-999-9978
Date Daytime Phone #

CR2E034 (11/98)

0361144