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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800030771

1. Corporation Name
INTERNATIONAL SECURITY CONTACT CORPORATION

	ATIONAL SECURITY CONTAC	UI 60	Mruhanion								
Principal Place	of Business	Mail	ling Address				1				
181 ALHAMBRA			ALHAMBRA WAY	MAG.			ļ				
FORT LAUDERD	ALE FL 33326	FOR	t Lauderdale FL 33	K320 _		_ ,	-		ITE'IN THIS'	SPÂCE _	
			- 				3	Date Incorporated or Qualifec			
							- [04/02/1998			
2 Principal Pi	ace of Business	2a.	Mailing Address				4	, FEI Number			plied For
21	BCO Of BIBBING VO	26	_					65-0826	117		ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				T .	. Certificate of Status Desired			Additional
22	*	27									equired
City & State	9		City & State				•	Election Campaign Financing			May Be to Fees
23		28					_+-	Trust Fund Contribution			D / CCS
Zip	Country	h	Zip		intry		8). This corporation owes the cu	Tent year ind	⊒ Yes	□No
24	25	29		30	_			Personal Property Tex. D. Hame and Address of New	Registered.		
	9. Name and Address of Current	r Registi	erea Agent		81	Name		A*			
DI 87	7 TUIS										
ruiz, luis 181 alhambra way			82 Stre			Street Adk	idress ((P.O. Box Number is Not Accep	table)		
FOR	T LAUDERDALE FL 33326				83						
, 511					Ш					1001	Codo
					84	City			FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent or both, in the State or familiar with and accept the obligation of the obligation	Sons of.	Section 607.0505, Fi	authorize lorida Stat	d by lutes.	the corpora	ation's	board of directors, I hereby acc	ept the appoi		egistered
	Sinnerune, 19040 or serving lating or repeated when	t and the	applicable. (NOT	E: Registere	d Agen	it signature requi	uired whe	e reinslebilg)	DATE /		
12.	OFFICERS AND		CTORS	FE: Registerer 13,	d Agen	rt signature requi	uired whe	n reinstating) ADDITIONS/CHANGES TO O	DATE /	ID DIRECT	ORS IN 12
12.	OFFICERS AND					nt signature requi	ulred whe	n reinslating) ADDITIONS/CHANGES TO O	DATE /		ORS IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and 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 if an an indicated on this annual report of the corporation or the precisiver 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 any attachment with an address, with all other like empowered.

SIGNATURE:

CON ET DEREQUIRED IN TYPED DA PRINTED LAMB OF FICER OR DIRECTOR

4/28/99

(954) 349-91-28