

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

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90004 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P 980000 47226  
 1. Corporation Name  
**SECURITY DEALERS NETWORK, INC.**

Principal Place of Business: **18761 W DIXIE HWY #222 AVENTURA, FL 33180**  
 Mailing Address: **P.O. Box 1120 HALLANDALE, FL 33008-1120**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified

2. Principal Place of Business: **18761 W. DIXIE HIGHWAY #222 AVENTURA FL 33180**  
 2a. Mailing Address: **P.O. Box 1120 HALLANDALE FL 33008**  
 23. City & State: **AVENTURA FL**  
 28. City & State: **HALLANDALE FL**  
 24. Zip: **33180** 25. Country: **DADE** 29. Zip: **33008** 30. Country: **Brow.**

4. FEI Number  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

9. Name and Address of Current Registered Agent  
**T. J. CLIFFORD**  
**18761 W. DIXIE HIGHWAY #222**  
**AVENTURA, FL 33180**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>V.P.</b>	<b>T. J. CLIFFORD</b>	<input type="checkbox"/> DELETE
NAME	<b>18761 W. DIXIE HIGHWAY #222</b>	
STREET ADDRESS	<b>AVENTURA, FL 33180</b>	
CITY-ST-ZIP		
TITLE <b>PRES.</b>	<b>ROBERT ROSS</b>	<input type="checkbox"/> DELETE
NAME	<b>18761 W. DIXIE HWY #222</b>	
STREET ADDRESS	<b>AVENTURA, FL 33180</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>V.P.</b>	<b>T. J. CLIFFORD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>18761 W. DIXIE HWY #222</b>	
13 STREET ADDRESS	<b>AVENTURA, FL 33180</b>	
14 CITY-ST-ZIP		
21 TITLE <b>PRES.</b>	<b>ROBERT ROSS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>18761 W DIXIE HWY #222</b>	
23 STREET ADDRESS	<b>AVENTURA, FL 33180</b>	
24 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: **Robert Ross Pres.** 4/26/99 305-949-3320  
 Date Daytime Phone #

CR2E034 (11/98)