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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90181 008 ***150.00

DOCUMENT # P98000060209 1. Corporation Name

MARILI. SECURITY PATROL, INC.

Principal Place of Business									
1088 NORTHNEST 114TH AVENU									
CORAL SPRINGS FL 33071									

Mailing Address

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	ST 114TH AVENUE	CORAL SPRINGS FL 33071	Jt.							
CORAL SPRING	5 FL 33071	CONAL SPRINGS PL 35071					DO NOT WRI	TE IN TH S	SPACE	
					3. [Date Ir corporat	ed or Qualifed			
					(07/08/1998			-	
2. Principal Pl	ace of Business	2a. Mailing Address	,	10) / 4. F	El Number	^		D AP	pied For
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Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. (Certificate of Sta	atus Desired		\$8.75 A Fee Re	
2it) & State		City & State			6 F	Election Campa	ign Financing		\$5.00	May Be
23 CORAL SPRINGS FL 28 CORAL SONIE				1 FL	. 1 **	rust Fund Cor			Added t	
Zip	Country	Zip	Country	-	/ 8. 7	This cc rporation	owes the curr	ent year Int	angible	
24 2300	65 25 KDOWARD	29 33065 30	(K1.	OWA	ned F	Personal Prope	rty Tax.		☐ Yes	1200
<u></u>	9. Name and Address of Current R	legistered Agent	1		10.	Name and Ado	iress of New I	Registered .	Agent	
			81	Name						j
	RILAWYER		82	Street Ac	odroce (D (D. Box Number	ie Not Accent	ahla\	**-	
343 /	almeria av en ue		02	Stieet At	C01655 (F.)	J. Box Number	is Not Accept	able j		
COR	AL GABLES FL 33134		83	·						
									1-1 - 7	
			84	City				FL	85 Zip (ode
44 Dureuant	to the provisions of Sections 607.0502 a	and 607 1508. Florida Statutes, th	e above	-named co	crporation	submi's this st	atement for the	numose of	changing its	registered
office crre	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of I m familias with, and accept the obligation	Florida, Such change was authori	ized by	the corpora	ation's boa	ard of directors.	I hereby acce	pt the aproi	ntment as re	g stered
agent. ∣ai	m familiar with, and accept the obligation	ns of, Section 607.0505, Fighda S	natutes.	\mathcal{L}		/ /		111	1.04	ļ
SIGNATUFE	- days " farll "	d title if anethable (NOT 2: Regist	VV	Y/),	r ired when rei	netating)		DATE	1-99	
	Signature, typed or printed it is no of registered agent an OFFICERS AND		13.	agriatura requ		ODITIONS/CH/	NGES TO OF	FICERS AN	ID DIRECTO	ES IN 12
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NAME	1088 NORTHWEST 114TH AVENU		3 STREET	ADDDESS						
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1		6	3 STREET	ADDRESS						
STREET ADDRI SS			4 CITY-ST							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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:

herident 4-21-99