PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000062457

. Corporation Name

STRATEGIC SECURITY RESOURCES, INC.

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90006 047 \*\*\*150.00



					_}	I BUND WENDER BIRT	) <b>1</b> 77117 1 <b>88</b> 7 1 <b>88</b> 7
Principal Place		Mailing Address					
2663 NELSON ( WESTON FL 33		2663 NELSON COURT WESTON FL 33332					
THEOTOTIC STORE					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		{
					07/15/1998		
2. Principal P	lace of Business	2a. Mailing Address R. 26 8/9 Savanna	15	// n.	4. FEI Number 65-085/923	<del>-</del>	pplied For
	Savannah Falls Di	R. 26 8/7 Savanna. Suite, Apt. #, etc.	h FA	115 UK.	63 083/723		lot Applicable Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	,	leguired
City & State	e	City & State			6. Election Campaign Financing	<del></del>	May Be
23 Weston Fl 28 Weston F			FL		Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	•	8. This corporation owes the current year Ir	tangible	
24 333		29 <b>33327</b> 3	0 6	15A	Personal Property Tax.	Yes	₩No
	9. Name and Address of Curren	t Registered Agent	81	<del> </del>	10. Name and Address of New Registered	Agent	
SMYLER, HENRY I ESQ. TWO DATRAN CENTER, SUITE 1107				Name			
				Street Addre	ess (P.O. Box Number is Not Acceptable).		
9130 S. DADELAND BLVD.			83				
	MI FL 33156		0	<u>'</u>			
			84	City	FI	85 Zip	Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the abov	/e-named com/	oration submits this statement for the purpose of	f changing it:	s registered
office or r	egistered agent, or both, in the State manification familiar with, and accept the obligation	of Florida. Such change was auth	norized by	tne corporatio	on's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE							}
40	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	egistered Age	ent signature required	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECT	ORS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	FORD, MARCUS H		1.2 NAME	<b>1</b>			
STREET ADDRESS	2663 NELSON COURT		1.3 STREE	ET ADDRESS			ļ
CITY-ST-ZIP	WESTON FL 33332		14 CITY-1	ST-ZIP			_ [
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	FORD, PATRICIA A		2.2 NAME				)
STREET ADDRESS	2663 NELSON COURT		2.3 STREE	ET ADDRESS	•		)
CITY-ST-ZIP	WESTON FL 33332		2.4 C/TY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS	** * <del>***</del>		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	T		☐ Change	Addition
NAME			4. 2 NAME	:			ļ
STREET ADDRESS			43 STREE	T ADORESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE		•	Change	Addition
NAME			5.2 NAME	J		•	}
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREE	T ADDRESS			
CIT.:-ST-ZIP			6.4 CITY-	ST-ZIP			ſ

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 changes. In on an attachment with an address, with all other like empowered.

SIGNATURE

PHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (954) 384-6628

3R2E034 (11/98