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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074278

1. Corporation Name

BEST SECURITY INDUSTRIES, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90091 017 ***150.00

		,						
Principal Place	e of Business	Mailing Address			1	- [4881/2881 118 18181 18131 88311 88311 88111 883	II SBELI DIDID 12011	1999) (81) 1991
611-5 NE 12TH TERRACE		611-5 NE 12TH TERRACE						
BOYNTON BEACH FL 33435		BOYNTON BEACH FL 33435				DO MOT WEITE IN THE	10.004.05	
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 09/14/1998		
2. Principal P	lace of Business	2a. Mailing Addres	ss			4. FEI Number	A	plied For
21		26				65-0873455	No	ot Applicable
- Suite, Apt."	#, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired		Additional
22		27				6. Ooo		equired
City & Stat	6	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year	ntangible ☐ Yes	□No
24	25	29	30	·		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curren	t Registered Agent		81	Name	IV. Hame and Address of New Addisters	- Chaur	
TAN	GORA, C DAVID							
	SE 18TH CT			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
_	AUDERDALE FL 33316			83				
	1052115/122 / 2 000 10							
				84	City	F	85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change	e was authorize	ed by t	tne corporation	ration submits this statement for the purpose a's board of directors. I hereby accept the app	of changing its	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.			t signature required			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE '	PD	☐ DEL		IIITE			Change	
NAME	SHAHRABANI, TERRY			VAME				į
STREET ADDRESS	611-5 NE 12TH TERRACE		1.3 S		ADDRESS			1
CITY-ST-ZIP	BOYNTON BEACH FL 33435				l l	•		
TITLE				CITY-ST	-ZIP	****	□ Channe	□ Addition
NAME	•	☐ DEL	LETE 2.1 T	CITY-ST	-ZIP		☐ Change	Addition
OTDECT ADDDESS		DEI	ETE 2.1 T	CITY-ST TITLE NAME			Change	Addition
STREET ADDRESS	wantan da sa	DEI	LETE 2.1 T 2.2 N 2.3 S	CITY-ST TITLE NAME	ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP		ميتاند مديد	2.1 T 2.2 M 2.3 S 2.4 C	CITY-ST TITLE VAME STREET CITY-ST	ADDRESS			حوصہ
CITY-ST-ZIP		_ DEL	2.1 T 2.2 N 2.3 S 2.4 0 ETE 3.1 T	CITY-ST TITLE VAME STREET CITY-ST TITLE	ADDRESS		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME		ميتاند مديد	ETE 2.1T 22A 2.3S 2.44 ETE 3.1T 3.2A	CITY-ST TITLE VAME STREET CITY-ST TITLE VAME	ADDRESS			حوصہ
CITY-ST-ZIP TITLE NAME STREET ADDRESS		ميتاند مديد	ETE 2.17 2.28 2.38 2.40 ETE 3.17 3.28 3.38	CITY-ST TITLE VAME STREET TITLE VAME STREET	ADDRESS T-ZIP	e de la company		حوصہ
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEL	ETE 21T 22N 23S 2.4(ETE 31T 32N 33S 34.6	CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST	ADDRESS T-ZIP			حوصہ
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ميتاند مديد	ETE 2.17 2.20 2.38 2.40 ETE 3.17 3.20 3.38 3.4.0 ETE 4.17	CITY-ST TITLE STREET CITY-S1 TITLE VAME STREET CITY-S1 TITLE	ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DEL	ETE 2.1T 2.2N 2.3	CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DEL	ETE 2.1T 2.2N 2.3 \$ 2.40	CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
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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 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: