09211999-90019-010-$150.00-$150.00

PROFIT
RPORATION
ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 12 PM 1:56

DOCUMENT # P98000081323

1. Corporation Name
FEDERAL PROTECTION SECURITY INC
AND SECURITY SCHOOL

Principal Place of Business
1001 NE 125 Street Suite 201
N MIAMI FL 33161

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1001 NE 125 St
22 Suite Apt. #, etc. 201
23 City & State N MIAMI
24 Zip 33161 25 Country DADE

2a. Mailing Address
26 1001 NE 125 St
27 Suite, Apt. #, etc. #201
28 City & State N-MIAMI
29 Zip 33161 30 Country DADE

3. Date Incorporated or Qualified 09/17/98
4. FEI Number 65-0778871 ☐ 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
CHARLES JOHNY
5633 NW 6 AVE
MIAMI, FL 33127

CHARLES SELIA
5633 NW 6 AVE
MIAMI, FL 33127

10. Name and Address of New Registered Agent
81 Name N/A
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 [signature] [signature] DATE 08/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	JOHNY CHARLES 5633 NW 6 AVE MIAMI FL 33127 PRESIDENT	☐ Change ■ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SELIA CHARLES VICE 5633 NW 6 AVE MIAMI FL 33127 PRESIDENT	☐ Change ■ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	JOHNY CHARLES 5633 NW 6 AVE MIAMI FL 33127 PRESIDENT	☐ Change ■ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SELIA CHARLES 5633 NW 6 AVE MIAMI FL 33127 VICE PRESIDENT	☐ Change ■ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	08/10/18	☐ Change ☐ Addition

CR2E034 (11/98)

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 empowered.

SIGNATURE: [signature] 08/22/99 305 892 2941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEGAL COPY [signature] 09-30-99