

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90160 030 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000087679

1. Corporation Name
SECURITY OPERATIONS & SOLUTIONS, INC.



| | |
|--|---|
| Principal Place of Business 1900 ROCKLEDGE BLVD STE 3 ROCKLEDGE FL 32955 | Mailing Address P O BOX 560727 ROCKLEDGE FL 32956 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 1900 Rockledge Blvd. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 SUITE #3 |
| City & State 23 | City & State 28 Rockledge, Florida |
| Zip 24 | Country 29 32955 30 USA |

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 10/12/1998 | 4. FEI Number 59-3539409 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

SCHARFENBERG, WILLIAM E
1900 ROCKLEDGE BLVD STE 3
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ (NOTICE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHARFENBERG, WILLIAM E | |
| STREET ADDRESS | 944 PELICAN LANE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KING, JEFFREY V | |
| STREET ADDRESS | 355 OLEANDER PL | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SINGLETON, ANTHON F | |
| STREET ADDRESS | 4120 ALAN SHEPARD AVE | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | REMENTER, CALVIN J | |
| STREET ADDRESS | 4635 CARYSBROOK CT | |
| CITY-ST-ZIP | COCOA FL 32927 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | DELETED |
|---|-----------------------------------|--|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | William D. BALE | |
| 5.3 STREET ADDRESS | 9 CAPESHORES BLVD., APT. I | |
| 5.4 CITY-ST-ZIP | CAPE CANAVERAL, FL. 32920 | |
| 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 empowered.

SIGNATURE: William E. Scharfenberg **21 April 1999** **1-107-636-8011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)