

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

DOCUMENT # P98000091187

1. Corporation Name
H&B SECURITY ADVISORS, INC.

Principal Place of Business
208 LAKE POINTE DR. #106
OAKLAND FL 33309

Mailing Address
208 LAKE POINTE DR. #106
OAKLAND FL 33309

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90222 035 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1998	
4. FEI Number 65-0848208	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	

2. Principal Place of Business 21 208 LAKE POINTE DR Suite, Apt. #, etc. 22 #106 City & State 23 OAKLAND PARK, FL Zip 24 33309	2a. Mailing Address 26 208 LAKE POINTE DR Suite, Apt. #, etc. 27 #106 City & State 28 OAKLAND PARK, FL Zip 29 33309	Country 25 USA Country 30 USA
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9. Name and Address of Current Registered Agent

GEHLING, BRIAN L
208 LAKE POINTE DR. #106
OAKLAND FL 33309

10. Name and Address of New Registered Agent

81 Name BRIAN L. GEHLING
82 Street Address (P.O. Box Number is Not Acceptable) 208 LAKE POINTE DR #106
83
84 City OAKLAND PARK FL
85 Zip Code 33309

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 Brian L. Gehling BRIAN L. GEHLING PRESIDENT 10 APR 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHLING, BRIAN L 208 LAKE POINTE DR. #106 OAKLAND FL 33309	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHLING, HERLINE M 208 LAKE POINTE DR. #106 OAKLAND FL 33309	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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	D/P/T/ BRIAN GEHLING 208 LAKE POINTE DR #106 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	HERLINE M. GEHLING HERLINE M. GEHLING 208 LAKE POINTE DR #106 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian L. Gehling BRIAN L. GEHLING 10 APR 99 954-731-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0287090

CR2E034 (11/98)