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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

SUITE 46

7961 NORMANDY BLVD.

JACKSONVILLE FL 32221

DOCUMENT # P98000091403

Principal Place of Business

7961 NORMANDY BLVD.

JACKSONVILLE FL 32221

SUITE 46

ACCESS LOGIC SECURITY SYSTEMS, INC.

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	_	App	ied For	
21	26				59-35393	513	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 2	·	\$8.75 A	ditional		
22		27		5. Certificate of Status D	esired	Fee Rec	quired		
City & State		City & State		6. Election Campaign Fi	nancing	\$5.00	lay Be		
23		28		Trust Fund Contribution	on	Added to	Fees		
Zip	Country	Zip	Country	1	8. This corporation owes	the current year Int			
24	25	29	30		Personal Property Ta		_ zx	[]No	
Name and Address of Current Registered Agent					10. Name and Address	of New Registere 1	Agent		
				81 Name					
NUNLEY, KIMBERLY D				82 Street Address (P.O. Box Number is Not Acceptable)					
7961 NORMANDY BLVD									
SUITE 46									
JACKSONVILLE FL 32221			-	0.1			85 Zip C	vde	
			84	City		FL	85 Zip C	.,,,,,,	
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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. am tamiliat with, and at cept the congaints of, Section corr.0003, Fibrica Statutes.									
SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT:: Registered Agent signature required when reinstalting)  DATE									
12.	OFFICERS ANE		13.		ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTO	:S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Christian M.	Olsen	Change	Addition	
NAME	OLSEN, CHRISTIAN M		1.2 NAME		1961 Normandy	B119	Pieside	nt	
STREET ADDRE 3S	TORK NORMANDY DIVID OTE 40			T ADDRESS	Ste 46	<b>.</b>			
CITY-ST-ZIP	JACKSONVILLE FL 32221		1.4 CITY-S	T-ZIP	-SACKSONVIlle	FL 3222.	. 1		
TITLE	D	☐ DELETE	2.1 TITLE		DAVID A. BOW			Addition	
NAME I	BARTON, DAVID A		22 NAME		7961 Mirman		Sech	,	
STREET ADDRESS	TOOL NORMANDY DIVID OFF 43			ETADDRESS SLOULD ST.ZIP SACKSONVILLE, FL 32221					
			2.4 CITY-	ST-ZIP	3 Acissonville,	FL 3222	-[		
TITLE		☐ DELETE	3.1 TITLE		3000x+ D.511	P< C	Change	☐ Addition	
NAME			32 NAME		Robert A.Sw 7961 Minman	den Riva	KC2.		
STREET ADDRESS			3.3 STREE	T ADDRESS	( 'in ( ) )	_			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	SAY, FC 3	1555			
TITLE		☐ DELETE	41 TITLE		,		☐ Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADORESS					
CITY-ST-ZIP			4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS				1	
CITY-ST-ZIP			5,4 C/TY-5	T-ZIP					
TITLE		☐ DELETE	61 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS 633				TADDRESS					
i			C 4 OITO C	יד אים					

SIGNATURE:

14. I heret y certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0°(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 empoying to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of or an apachment with an address with all other like empowered.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90059 017 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/26/1998