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 # P98000107769

1. Corporation Name

TERENCE A. WORROW SECURITY, INC.

Principal Place	e of Business	Mailing Address										
4724 N.W. 76TH STREET			4724 N.W. 76TH STREET									
COCONUT CREEK FL 33073			COCONUT CREEK FL 33073				1	DO NOT WRITE IN THIS SPACE				
										SPACE		
								r corporated or Qualife	d			
								/1998				
2. Principa P	lace of Business		2a. Mailing Address				4. FEI No	, 0886Z	110		p ied For	
21			26				65	0000	<u> 1</u> チ		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certifo	ate of Status Desired		\$8.75 A	,	
			27				0. 00,			Fee Re	quired	
City & S:ate			City & State			6. Election	on Campaign Financing	9 🗆	\$5.00	May Be		
23			28			Trust I	Fund Contribution		Added to	o Fees		
Zip	Country	/	Zip	Cor	ıntry		8. This co	crporation owes the cu	irrent year la			
24	25		29	30				nal Property Tax.			[]No	
	9. Name and Add e	ss of Current	Registered Agent				10. Name	and Address of New	Registered	Agent		
					81	Name						
	ROW, TERENCE A			82	Street Ad	tress (P.O. Box	x Number is Not Accep	otable)				
4724 N.W. 76TH STREET						Oli COL AGO	31000 (1 .0. 00.	A (1011150: 10 : 101 : 1000)				
COCONUT CREEK FL 33073												
					_					7:- (
					84	City			FL	85 Zip C	JOGE	
11. Pursuant	to the provisions of Sect	ions 607.0502	and 607.1508, Florida Stat	u es, the a	bove	e-named co	poration subm	its this statement for th	e purpose of	changing its	registered	
office or r	egistered agent, or both.	in the State of	Florida. Such change was ons of, Section 607.0505, F	authorize	a by	the corporat	tion's board of	directors. I hereby acc	ept the appo	intment as reg	gistered	
agent. a	m tamiliar with, and acce	spt the obligation	ans or, Section 607.0505, F	it iita olai	uics	•						
SIGNATURE	Signature, typed or printed nar ie	of registered agent	and title if applicable (NO	Ti · Registeret	d Agen	nt sionature requ	red when reinstating	, — ———	DATE		\	
12.		FFICERS AND		13.				C NS/CHANGES TO C	FFICERS / J	ND DIRECTO	FS IN 12	
TITLE	PVST		DELETE	1.1 T	ITLE	$\overline{}$	_			☐ Change	Addition	
NAME	WORROW, TERENCE	- Δ		1.2 N	AME							
	4724 N.W. 76TH STF			F		T ADDRESS						
STREET ADDRE 3S	COCONILIT ODEEN EL 20070			1.4 CITY-ST-ZIP						{		
CITY-ST-ZIP	D COCONOT CHEEK FL 330/3		□ DELETE	2.1 TITLE		1-21				Change	Addition	
TITLE	WORROW, TERENCE A			2.2 NAME							_	
NAME											ĺ	
STREET ADDRE 3S	4724 N.W. 76TH STF					TADDRESS						
CITY-ST-ZIP	COCONUT CREEK F	L 330/3				ST-ZIP				Change	Addition	
TITLE			☐ DELETE	3.1 7						□ cusude	☐ vadimon (
NAME				3.2 N								
STREET ADDRESS				3.3 S	TREE	T ADDRESS						
CITY-ST-ZIP				3.4. (CITY-S	ST-ZIP		<u> </u>				
TITLE			☐ DELETE	4.1 T	ITLE					Change	Addition	
NAME				4.21	NAME	- 1					}	
STREET ADORESS				4.3 S	TREE	TADDRESS						
CITY-ST-ZIP				4.4 0	ITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 T	TLE			<u> </u>		☐ Change	☐ Addition	
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	TREET	TADDRESS						
CITY-ST-ZIP)			540	ITY-S	T-ZIP						
TITLE			DELETE	6.1 T	ITLE		·			Change	Addition	
				62 N	IAME							
NAME						TADDRESS						

14. Thereby 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 cartify that the information indicated on this annual report or supplemental a ground 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 received 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 a lightness, with a lightness or the received or trustee.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

04-26-1999 90197 035 ***150.00