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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S01458**

1. Corporation Name

R.U.P. SECURITY CO. INC.

Principal Place of Business		Mailing Address	Mailing Address						
11925 SW 128 STREET		P.O. BOX 161859	P.O. BOX 161859						
PO BOX 161859		PO BOX 161859				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33186		MIAMI FL 33116-1859 US	MIAM! FL 33116-1859		3. Date Incorporated or Qualified				
US		03			09/19/1990			İ	
0 D-:: D	leas of Dysiness	2a. Mailing Address			4. FEI Number		Apr	lied For	
_		⊢			65-0221195		 	Applicable	
21		Suite, Apt. #, etc.	26 Suite Apt # etc				\$8.75 A		
Suite, Apt. #, etc.					Certificate of Status Desired		Fee Rec		
City & State			27 City & State		6. Election Campaign Financing		\$5.00	May Re	
		⊢ ' '	28		Trust Fund Contribution		Added to		
Zip Country		Zip			8. This corporation owes the curre	ent vear Intar	ngible		
 ·	25	29 3	¬ ′		Personal Property Tax.			□No	
24	9. Name and Address of Cur		<u> </u>		10. Name and Address of New R	egistered A	gent		
5. Name and Address of Surrent registers a rigoni				Name					
TURTLETAUB, HAROLD A.									
6401 SW 87TH AVE			82 Stre		ddress (P.O. Box Number is Not Accepta	ible)		ĺ	
SUITE 122			83						
MIAMI FL 33173									
*****	1 2 33 17 3		84	City		FL	85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statutes	the above	-named co	orporation submits this statement for the	purpose of c	hanging its i	registered	
office or re	eaistered agent, or both, in the Sta	ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	norizea by	the corpora	ation's board of directors. I hereby accep	t the appoint	ment as reg	jistered	
SIGNATURE									
	Signature, typed or printed name of registered	-9	<u> </u>	t signature requ	urred when reinstating)	DATE	NIDECTO	DC IN 12	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	Addition	
TITLE	'		1,1 TITLE				onange		
NAME	JOANNOU, BEN SR		1.2 NAME						
STREET ADDRESS	+		1.3 STREET						
CITY-ST-ZIP	1117 1111 1 2		1,4 CITY-S	(-ZIP			Change	C Addition	
TITLE	Y		2.1 TITLE				Change	Addition	
NAME	GURDJIAN, JACQUES 22 N		2.2 NAME					, i	
STREET ADDRESS	8050 SW 157 ST 2		2.3 STREET	'ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY- S	T-ZIP					
TITLE	T □ DELETE 3.1		3.1 TITLE				☐ Change	☐ Addition	
NAME	JOANNOU, BEN J 32		3.2 NAMÉ						
STREET ADDRESS	11925 SW 128 STREET 33		3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY- 9	T-ZIP					
TITLE	S	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	JOANNOU, CRYSTAL		4. 2 NAME					ı	
STREET ADDRESS	11925 SW 128 STREET		4.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP					
TITLE	1710 4770 7 5	☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S						
TITLE		☐ DELETÉ	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME				_		
INAME									
STREET ADDRESS			6.3 STREE	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:

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90215 019 ***150.00