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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S02976**

1. Corporation Name

ADVANCED SECURITY PRODUCTS OF HIALEAH INC.

Principal Place of Business Mailing Address) (50)(610 til ente mem (911) (90)	1 E(II B(#II 4	fB() 010)(D)B:1 0	
1953 W 68 ST			1953 W 68 ST				}			•	
HIALEAH FL 33014			HIALEAH FL 33014							00405	
บร		US					<u> </u>	DO NOT WRITE	IN THIS	SPACE	
		٠	وتع يسر ج		-	ب بر د	` ~	Date Incorporated or Qualifed 09/18/1990	بعیب سار ن	·	
2. Principal P	Place of Business	2a.	Mailing Address	-			1	FEI Number		Ap	plied For
21		26					<u> </u>	<u>65-0213691</u>			t Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		\$8.75 A Fee Re	
City & State			City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution	<u> </u>	Added to	
Zip	Country			Coun	try		8.	This corporation owes the currer	nt year Int	angible	
24	25	29		30				Personal Property Tax.		☐ Yes	□No
1	9. Name and Address of Cu	rrent Regist	ered Agent				10.	Name and Address of New Re	gistered .	Agent	
		-		18	B1 I	Name					
	GADO, MITCHELL A 0 W 6TH AVE				82 ;	Street Addre	ess (P.	O. Box Number is Not Acceptab	le)		
	LEAH FL 33012		•								
				Į.						85 Zip C	
					84	City			FL	85 Zip C	,00 8
office or r	to the provisions of Sections 607, registered agent, or both, in the SI am familiar with, and accept the ob	tate of Florida	a. Such change was a	uthorized l	bv the	named corpo e corporation	oration n's boa	submits this statement for the p ard of directors. I hereby accept	urpose of the appoi	changing its ntment as rec	registered gistered
SIGNATURE											
		I need and title if	applicable (NOTE	· Dogistored A	gest ei	ionature required	when re	instating)	DATE		
12	Signature, typed or printed name of registered				gent si	ignature required			DATE CERS AN	ID DIRECTO	R\$ IN 12
12.	OFFICERS	d agent and title if S AND DIREC	CTORS	: Registered A		ignature required		instating) ADDITIONS/CHANGES TO OFFI		ID DIRECTO	RS IN 12
TITLE	OFFICERS			13.	E	ignature required					
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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 of the repeiver 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:

CITY-ST-ZIP