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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 16 1998 8:00am
Secretary of State

	1000	 		Scoretary (Ji State
DOCUMENT # S20604 (2)					
MASTER SECURITY CENTRAL, INC.				}	
		•		1 CORRES ON COME WAS RELATED FOR MINISTRAL REPORT OF BUILDING STREET RE	INTER ATTOCK BEREIT WEBSET FOR
Principal Plac	e of Business	Mailing Address	<u> </u>		ENES BURSU RURUS BURSU BURSU IRRA
911 E DAYTO	ON CIR	911 E DAYTON CIR		ĺ	
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312			12		- خو جاللمان اللودي براوي ال
				DO NOT WRITE IN THE	S SPACE
				 Date Incorporated or Qualified 12/20/1990 	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		65-0238908	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	ODDARD, E. J		of Name		
911 E. DAYTONA CIRCLE			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
rı .	LAUDERDALE FL 33312		83		
			~		
			84 City	F	85 Zip Code
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 regional 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the ap	ppointment as registered
	in tanniai with, and accept the obligat	ions of, 3960on 607,0305, FR	rica Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	Registered Agent signature requ	irod when reinstating) DATE	The second secon
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	STODDARD, E. JANE		1.2 NAME		
STREET ADORESS	911 E DAYTON CIR		1.3 STREET ADDRESS		į
CITY - ST - ZIP	FT LAUDERDALE FL	·····	1.4 CMY-ST-ZIP		11 - 12 - 24 1 2 2 2 2 2 2 2 2 2
TITLE	D CTGGGAGG	DELETE	2.1 TITLE		Change Addition
NAME	STODDARD, GAIAN		2.2 NAME		
STREET ADDRESS	911 E. DAYTON CIRCLE		2.3 STREET ADDRESS		1
CITY - ST - ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP		
TITLE	D CTODDADD ELODA ITAN	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STODDARD, FLORAJEAN		3.2 NAME		
STREET ADDRESS	911 E. DAYTONA CIRCLE FT. LAUDERDALE FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	FI. LAUDENDALE FL	L proces	3.4. CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-SY-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		FTI DETEIR	5.1 TITLE		T overide TT Wintrop
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DETELE	6.1 TITLE		CT Original CT Winnings
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	h this filling does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	certify that the information
indicated	on this consul report or complemental	annual report to true and and	unto and that my algority	ro chall have the same local affect as if made	under ceth, that I am an

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 13 if changed, or on an attachment with an address.

SIGNATURE:

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1/6/98