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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S50126

I.M.	SECURITY	CORPORATION	

FILED May 18 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		·	- I LOGITORN ERT BEKKE BBIRK KIÐIN HAGIR DIKK BIÐIT ÐIÐIT	I BIBIN BIBIN BEBEK BIBIN KBBI	
742 16TH ST N 742 16TH ST N							
ST PETERSBURG FL 33705 ST PETERSBURG FL 3370			05				
Į					DO NOT WRITE IN THIS	SPACE	
1					3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a, Mailing Address			05/07/1991 4. FEI Number		
21	idoe or business	r1			1	Applied For	
Suite, Apl.	# elc.	Suite, Apt #, etc.			59-3065688	Not Applicable \$8.75 Additional	
22				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	Zφ	Country 8.		8. This corporation owes or has paid the our	rent year Intangible	
24	25	29	30			Yes No	
	g. Name and Address of Curren	t Registered Agent		84 1	10. Name and Address of New Registered	Agent	
	ARY, KEVAN J.		-	81 Name			
	2 16TH ST N		į	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
ST	PETERSBURG FL 33705		ļ	83			
				83			
			ľ	84 City		85 Zip Code	
44 0	10 The 10	0 - 1003 4/00 51 14 01 //			<u>FL</u>		
office or r	to the provisions of Sections 607,050 egi ste red agent, or both, in the State	2 and 607.1508, H onda Statute of Florida: Such ch ange wa s a	es, the ab authorized	ove-named corp I by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	i changing its registered pointment as registered	
agent. I a	m fam iliar with, and accept the obliga	ations of Section 607,0505, Flo	rida Stati	ıles.			
SIGNATURE	Signature, typed or profee name at registered ages			y			
12.	OFFICERS AND		13.	Agont signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12	
TITLE	D	DELETE	11 117	F	ADDITIONS/CHANGES TO OTTICENS AND	Change Addition	
NAME	LEARY, CAROL A		1.2 NA				
STREET ADDRESS	742 16TH STREET N.		1	IEET ADDRESS		[8	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 00	Y-ST-ZIP		2	
TITLE	D	DELETE	2.1 TIT			☐ Change ☐ Addition C	
NAME	LEARY, KEVAN J		2.2 NA	MÉ			
STREET ADDRESS	742 16TH ST. N.		2.3 STF	REET ADDRESS			
CITY-ST-ZIP	S T. PETERSBURG FL		2. 4 CI	Y - S1 - ZIP			
TITLE	D	☐ DELETE	3.1 717			Change Addition	
NAME	FECHTMULLER, WILLIAM		3.2 NAI	VE			
STREET ADDRESS	742 16TH STREET N.		3.3 STF	EET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CIT	Y-ST-ZIP			
TITLE	-	DELÉTE	4.1 TITI	.E		Change Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EE1 ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-S1-ZIP			
TITLE		☐ DÉLETÉ	5.1 TITE	.E	··· · ·	☐ Change ☐ Addition	
NAME			5.2 NAM	AE			
STREET ADDRESS			5.3 \$16	EET ADDRESS			
City-St-Zip				7-ST-ZIP			
TITLE		DELETE	6.1 TiTL			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CI1	r-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 13 if changed or on an attachment with an address.