

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

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FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S73726
1. Corporation Name:
 24-HOUR SECURITY INC.

Principal Place of Business: 6644 PATIO LANE
Mailing Address: 6644 PATIO LANE
 BOCA RATON BOCA RATON, FL
 FL 33433 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 SAME AS ABOVE State, Apt. #, etc. 22 6644 PATIO LANE City & State: 23 BOCA RATON, FL Zip: 24 33433		2a. Mailing Address: 26 SAME AS ABOVE Suite, Apt. #, etc. 27 6644 PATIO LANE City & State: 28 BOCA RATON, FL Zip: 29 33433		3. Date Incorporated or Qualified: 08-15-91 4. FEI Number: 65-0294460 Applied For: ☐ Not Applicable: ☐ 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: ☐ Yes ☒ No	
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9. Name and Address of Current Registered Agent

RICHARD CULLEN
 6644 PATIO LANE
 BOCA RATON, FL 33433

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0607 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: RICHARD CULLEN - PRESIDENT **DATE:** 4-15-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD CULLEN	1.2 NAME	
STREET ADDRESS	6644 PATIO LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL 33433	1.4 CITY, ST, ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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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 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.

SIGNATURE: RICHARD CULLEN - PRESIDENT **DATE:** 4-15-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)