

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V14850**

Corporation Name

**THE SECURITY COMPANY OF BREVARD, INC.**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90002 027 \*\*\*558.75

585659-90002-27



Principal Place of Business

20 S. HARBOR CTY BLVD.  
SUITE 101  
MELBOURNE FL 32901

Mailing Address

2721 NOBILITY AVE.  
MELBOURNE FL 32934  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/17/1992</b>	
4. FEI Number <b>59-3108738</b>	
Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <b>RIPOSTA, SAMUEL L.</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City <b>FL</b>	
85 Zip Code <b>32934</b>			

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/6/99**

11. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME <b>RIPOSTA, SAMUEL L.</b>	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 STREET ADDRESS <b>2721 NOBILITY AVE.</b>		13.2 NAME	
11.3 CITY-ST-ZIP <b>MELBOURNE FL</b>		13.3 STREET ADDRESS	
11.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	
11.5 NAME	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 STREET ADDRESS		13.6 NAME	
11.7 CITY-ST-ZIP		13.7 STREET ADDRESS	
11.8 CITY-ST-ZIP		13.8 CITY-ST-ZIP	
11.9 NAME	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 STREET ADDRESS		13.10 NAME	
11.11 CITY-ST-ZIP		13.11 STREET ADDRESS	
11.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/99**

Daytime Phone #

**407-726-8008**

CR2E034 (5/99)