

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 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

DOCUMENT # V56471 (8)
 1. Corporation Name STATEWIDE SECURITY OF FLORIDA, INC.



Principal Place of Business: 2009 TRADE CENTER WAY, NAPLES FL 33942, US
 Mailing Address: 2009 TRADE CENTER WAY, NAPLES FL 33942, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5600 TRAIL BLVD	26	5600 TRAIL BLVD	08/05/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 4	27	Suite 4	65-0357913	
City & State		City & State		Applied For	
23	NAPLES FL	28	NAPLES FL	Not Applicable	
24	Zip 34108	29	Zip 34108	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25	Country Collier	30	Country Collier	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELTY, RICHARD J 354 TRADEWINDS AVE. NAPLES FL 34108				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 607.0502 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: *Richard J. Welty* (NOTE: Registered Agent signature required when reinstating) DATE: 7-15-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELTY, RICHARD J			1.2 NAME			
STREET ADDRESS	354 TRADEWINDS AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard J. Welty* DATE: 07-28-98

CR2E034 (5/98)

Statewide
Security
of Florida, Inc.

PJL

5600 Trall Boulevard, Suite 4 • Naples, Florida 34108 • (941) 598-3800 • FAX (941) 597-3377 • E-Mail statewldes@aol.com

July 15, 1998

Division of Corporations
Annual Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Today I received our 1998 Annual Report form in the mail for the first time.

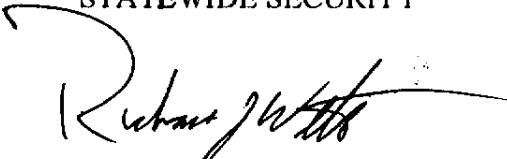
The first notice was never received. I believe the confusion occurred in that the name of the corporation was changed during the past year as well as our mailing address. In fact, the "second notice" we received was addressed to Statewide Security of Florida, Inc. at 5600 Tamiami Trail N however the place of business address and the mailing address in block one on the report form has our old mailing address of 2009 Trade Center Way in Naples.

Although I received the second notice as addressed, the correct address is 5600 Trail Blvd. (not Tamiami Trail) in Naples.

Explaining this to an individual in you office, she told me to include a note along with the \$ 150.00 fee and mail it as soon as possible.

Thank you very much for your consideration in this matter.

Very truly yours,
STATEWIDE SECURITY


Richard J. Welty
President