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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90018 026 ***150.00

DOCUI	MENT # V6005 7	7						
OUR SE	CURITY CORP.II.							
						T ANGLIA ALGARI ANGLIA ANG]
	**							
Principal Place of Business Mailing Address						E IOREN ONENCE BISH Danit Rendi Arter con dratt a	1841 B1811 B181	, 61611 61811 1881
8300 NORTHWEST 103RD STREET P.O. BOX 2577								
HIALEAH GARDENS FL 33016 HIALEAH FL 33012						DO NOT WRITE IN THIS	SDACE	
US	•	US				3. Date Incorporated or Qualifed	SFACE	
	• • • •					08/24/1992		1
2. Principal Place of Business 2a. Mailing Address			 -			4. FEI Number	A	pplied For
21		26	26			65-0394661	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	<u> </u>	27	<u> </u>		 	G. Controlle of Chalas Desired	Fee F	Required
City & Stat	8	⊢ ′	City & State			6. Election Campaign Financing		May Be
23	0	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		untry		8. This corporation owes the current year Int	angible Yes	□No
24	9. Name and Address of Curre	29 Agent	30	т-		Personal Property Tax. 10. Name and Address of New Registered		
	5. Name and Address of Curre	TIL Registered Agent		81	Name	To. (tallio dila radioco el restrictorio		
DUN	in, Lowell S.				<u> </u>			
8300 NW 103RD ST.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33016			83				
1				94	City		DE Zio	Code
				84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the a	above	-named co	rporation submits this statement for the purpose of	changing if	s registered
office or n agent, I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	autnorize Iorida Stat	a by tutes.	tne corpora:	tion's board of directors. I hereby accept the appoi	inneni as i	egistered
SIGNATURE								
	Signature, typed or printed name of registered ag				t signature requi	ired when reinstating) DATE	D DIDECT	ODC (N. 42
12.	DEFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	
TITLE	DUNN, LOWELL S.	C) DECETE	1	IAME		•		
NAME STREET ADDRESS	8300 NW 103RD ST.				ADDRESS			f
	HIALEAH FL		1		1			
CITY-ST-ZIP TITLE	ST DELETE			1.4 CITY-ST-ZIP			☐ Change	Addition
NAME			2.2 N	IAME				
STREET ADDRESS	1 0000 1911 10000 OT		2.3 \$	2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2.40	2.4 CITY-ST-ZIP			- *	
TITLE		☐ DELETE	3.1 Ti	TTLE			☐ Change	Addition
NAME			3.2 N	AME	1			}
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	-	·····	3.4. 0	CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 T	TTLE			Change	Addition
NAME	,			VAME				}
STREET ADDRESS			4.3 S	TREET	ADDRESS			ļ
CITY-ST-ZIP		Посте		TTY-ST	-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TI 5.2 N	-	-		∟ change	☐ Addition)
NAME			- 1		ADDRESS			}
STREET ADDRESS			1	ITY-ST				
CITY-ST-ZIP TITLE		□ DELETE	6.1 T				Change	Addition
NAME		<u></u>		IAME				_
STREET ADDRESS	•		6.3 S	TREET	ADDRESS			ļ
CITY ET 7/D			ŀ	TY-ST			,	ļ

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: