Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90170 048 \*\*\*158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39009  1. Corporation Name  ARMER PROTECTION, INC.											
						j					
Principal Place of Business Mailing Address							. I SINDSANTEL MAN SEUSA TATUT AMURE A	811 <b>6</b>	ALBIT MINI ALBI	4 BEREI DINEE LOBE	
#12 P.O. BOX 50108 2195 N ANDREWS AVE EXIT LIGHTHOUSE POINT FL 33074-11 POMPANO BEACH FL 33069 US			74-108				DO NOT WRITE IN THIS SPACE				
US						ſ	3. Date Incorporated or Qualifed	1			
						_ 1	10/17/1988				
<del>}_</del>	Place of Business	2a. Mailing Address	_				4. FEI Number		A	Applied For	
21		26					65-0079738			lot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	∍ıc.				5. Certifcate of Status Desired	×		Additional Required		
City & Star	28						<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			May Be to Fees	
Zip <b>24</b>	Country 25	Zip Cot 30					8. This corporation owes the current year Intangible Personal Property Tax. □ □ No			□No	
Name and Address of Current Registered Agent							10. Name and Address of New	Registered	Agent		
ARMEROS, STEVE J.				81	Name						
2814 NE 27TH AVE				82	Street /	Addres	ess (P.O. Box Number is Not Acceptable)				
LIGHTHOUSE PONT FL 33064								·			
LIGHTHOUGH ON TE GOOGT				83							
				84	City		·	FL	_   ' ' '	Code .	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.							ation submits this statement for the	purpose o	f changing it	s registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	ites.	ne corpo	JI AUDIT S	s board or directors. Thereby acce	рт шө аррс	inuneni as n	agistered	
SIGNATURE				_						ı	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)  12. OFFICERS AND DIRECTORS								DATE			
TITLE	OFFICERS AND DIRECTORS  D DELETE		13.	13. 1.1 TITLE			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO		
NAME	ARMEROS, STEVE J.			1.2 NAME					C) Change	L] Addition	
STREET ADDRESS	CONTAIN OFFILING			1.3 STREET ADDRESS							
CITY-ST-ZIP	LICHTHOUSE DOINT EL			1.4 CITY-ST-ZIP							
TITLE	D			2.1 TITLE		<del></del> -		· · · · · ·	☐ Change	[] Addition	
NAME	ADMEDON BONDIE			2.2 NAME							
STREET ADDRESS	ss 2814 NE 27TH AVE 23		2.3 STF	2.3 STREET ADDRESS							
CITY-ST-ZIP	HOUTHOUSE BOART OF			2.4 CITY-ST-ZIP			÷ -		÷ -		
TITLE				3.1 TITLE					Change	Addition	
NAME	323			ue.	- 1					-	

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, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

TITLE

NAME

TITLE

NAME

NAME

DELETE

☐ DELETE

DELETE

Addition

Addition

☐ Addition

Change

Change

Change