

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004164 (9)
 1. Corporation Name
EXECUTIVE SECURITY & ENGINEERING TECHNOLOGIES, I NC.



Principal Place of Business 900 2ND ST., N.E. SUITE 112 WASHINGTON DC 20002	Mailing Address 900 2ND ST., N.E. SUITE 112 WASHINGTON DC 20002-3557
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1975 East Sunrise Blvd		3. Date Incorporated or Qualified 08/10/1994	3a. Date of Last Report 04/10/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 52-1399990	Applied For Not Applicable
21 4501 Ford Ave. Suite 1100	26 4501 Ford Ave. Suite 1100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Alex. Va. 22302	27 Alex. Va. 22302	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 FL. LAuderdale, Florida	28	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33304	25	29	30

9. Name and Address of Current Registered Agent
**NATIONSCORP REGISTERED AGENTS, INC.
 526 EAST PARK AVENUE, STE 200
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIGGS, MARGO H		1.2 NAME	4501 Ford Ave Suite 1100
STREET ADDRESS 900 2ND STREET N.E., STE 112		1.3 STREET ADDRESS	Alexandria, Va. 22302
CITY- ST- ZIP WASHINGTON DC		1.4 CITY- ST- ZIP	
TYPE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORA, SABRINA		2.2 NAME	4501 Ford Ave Suite 1100
STREET ADDRESS 900 2ND STREET N.E., STE 112		2.3 STREET ADDRESS	Alexandria, Va. 22302
CITY- ST- ZIP WASHINGTON DC		2.4 CITY- ST- ZIP	
TYPE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIGGS, MARGO H		3.2 NAME	4501 Ford Ave. Suite 1100
STREET ADDRESS 900 2ND STREET N.E., STE 112		3.3 STREET ADDRESS	Alexandria, Va. 22302
CITY- ST- ZIP WASHINGTON DC		3.4 CITY- ST- ZIP	
TYPE	<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	
TYPE	<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	
TYPE	<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 do 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: Margo H Briggs DATE: 4/9/97 DAYTIME PHONE: 703-575-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR