

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002109 (5)

1. Corporation Name

SECURITY INFORMATION SYSTEMS, INC.



Principal Place of Business

1615 W. BIG BEAVER  
TROY MI 48064

Mailing Address

1615 W. BIG BEAVER  
TROY MI 48064

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7081 GRAND NATIONAL DR

26 7081 GRAND NATIONAL DR

4. FLI Number

38-2858470

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

#100

27 Suite, Apt. #, etc.

#100

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

ORLANDO FL

28 City & State

ORLANDO FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

32819 USA

29 Zip Country

32819 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MEGLER, MICHAEL  
7081 GRAND NATIONAL DR  
SUITE 100  
ORLANDO FL 32819

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 607.1503, 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 607.0805, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, last name, first name, and initials

Date Registered Agent signed a separate written filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
C	MEGLER, MICHAEL	13390 SW 128TH ST	MIAMI FL	<input type="checkbox"/>
P	GILBERT, GREG	1615 W. BIG BEAVER	TROY MI 48064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
		4700 OCEAN BCH BLVD #507	COCOA BCH, FL 32931	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2108 BAYOU DR	ORLANDO LK, MI 48323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

4-15-95

407345/550

CR2E034 (12/95)