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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000002109 (5)

1. Corporation Name
SECURITY INFORMATION SYSTEMS, INC.



Principal Place of Business: **7081 GRAND NATIONAL DRIVE SUITE 100 ORLANDO F 32819 US**
 Mailing Address: **7081 GRAND NATIONAL DRIVE SUITE 100 ORLANDO FL 32819-8374 US**

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29
 Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified: **05/01/1995**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **38-2858470**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MEGLER, MICHAEL	
STREET ADDRESS	4700 OCEAN BCH BLVD., #507	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GILBERT, GREG	
STREET ADDRESS	2108 BAYOU DR	
CITY-ST-ZIP	ORCHARD LK MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mepler, Michael	
1.3 STREET ADDRESS	17341 Magnolia Island Blvd.	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gilbert, Greg	
2.3 STREET ADDRESS	7081 Grand Natl. Drive, #100	
2.4 CITY-ST-ZIP	Orlando, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ **3-20-97**
 SIGNATURE AND TITLE FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0092703

CR2E034 (9/96)