


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

**FILED**  
**Sep 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005037 (4)**  
 1. Corporation Name  
**SAFEGATE AIRPORT SYSTEMS, INC.**



Principal Place of Business <b>3700 NW 124TH AVE. SUITE 135 CORAL SPRINGS FL 33065</b>	Mailing Address <b>3700 NW 124TH AVE. SUITE 135 CORAL SPRINGS FL 33065-2433</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1996</b>		3a. Date of Last Report	
21	22	23	24	25	26	27	28
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0303945</b>		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SARAGA, ROBERT S ESQ</b> <b>150 E. PALMETTO PARK RD, SUITE 435</b> <b>BOCA RATON FL 33432</b>				81 Name <b>Michael H. Leeds</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>Blank Rome Comisky &amp; McCauley</b>			
				83 <b>1401 Forum Way, Suite 700</b>			
				84 City <b>West Palm Beach</b> <b>FL</b> 85 Zip Code <b>33401</b>			

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 *Michael H. Leeds* **8/26/97**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C OSSEIRAN, SALAH N</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 86892 (N/A)</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIYADH, SAUDI ARABIA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SOUBRA, MAHMOUD</b>	2.2 NAME	
STREET ADDRESS	<b>3700 NW 124TH AVE, SUITE 135</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SOUBRA, FADI</b>	3.2 NAME	
STREET ADDRESS	<b>8805 NW 18TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T BUTTZ, WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>37 SCHOOL HOUSE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHURCHVILLE PA 18968</b>	4.4 CITY-ST-ZIP	
TITLE	<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	
TITLE	<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.

CR2E034 (9/96)