

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 17

DOCUMENT # M63555 (0)

1. Corporation Name
PROPERTY SECURITY FLORIDA, INC.

Principal Place of Business C/O DEAN VEGOSEN 500 S. AUSTRALIAN AVE. W. PALM BEACH FL 33401	Mailing Address C/O DEAN VEGOSEN 500 S. AUSTRALIAN AVE. W. PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 12/11/1987	3a. Date of Last Report 02/11/1994
4. FET Number 65-0018708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**VEGOSEN, DEAN
500 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33402-4388**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature of officer or director of registered agent, as applicable. (200) Registered Agent signature required when no change.

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	VEGOSEN, DEAN
STREET ADDRESS	500 S. AUSTRALIAN AVE.
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	PD
NAME	TUCKER, LOUIS
STREET ADDRESS	FETCHAM PARK HOUSE
CITY, ST, ZIP	SURREY KT22 9HD, ENG.
TITLE	SD
NAME	TREADWELL, KENNETH
STREET ADDRESS	500 S. AUSTRALIAN AVE.
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	T
NAME	CAINES, GEOFFREY H.
STREET ADDRESS	FETCHAM PARK HOUSE
CITY, ST, ZIP	SURREY KT22 9HD, ENG.
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, true and correct, 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 registered agent or principal place of business of the corporation, and that my name appears in Block 9 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *G.H. CAINES*
SIGNATURE AND TYPED OR PRINTED NAME OF NAMED OFFICER OR DIRECTOR
G.H. CAINES

1/2/95 UK 0272376158