

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M63555 (0)**

1. Corporation Name  
**PROPERTY SECURITY FLORIDA, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1987</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0018708</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**VEGOSEN, DEAN**  
**500 S. AUSTRALIAN AVE.**  
**W. PALM BEACH FL 33402-4388**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<b>Director</b>
NAME	<b>VEGOSEN, DEAN</b>	1.2 NAME	<b>Richard J. Exley</b>
STREET ADDRESS	<b>500 S. AUSTRALIAN AVE.</b>	1.3 STREET ADDRESS	<b>Nations House, 103 Wigmore Street</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>London England W1H 9AB</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>Director; President</b>
NAME	<b>TUCKER, LOUIS</b>	2.2 NAME	<b>Stephen J. East</b>
STREET ADDRESS	<b>FETCHAM PARK HOUSE</b>	2.3 STREET ADDRESS	<b>Nations House, 103 Wigmore Street</b>
CITY-ST-ZIP	<b>SURREY KT22 9HD, ENG.</b>	2.4 CITY-ST-ZIP	<b>London England W1H 9AB</b>
TITLE	<b>SD</b>	3.1 TITLE	<b>VP; Treasurer; Secretary</b>
NAME	<b>TREADWELL, KENNETH</b>	3.2 NAME	<b>Howard Garfield</b>
STREET ADDRESS	<b>500 S. AUSTRALIAN AVE.</b>	3.3 STREET ADDRESS	<b>15303 Dallas Parkway, #400, LB5</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Dallas, TX 75248</b>
TITLE	<b>T</b>	4.1 TITLE	<b>Asst. Secretary</b>
NAME	<b>CAINES, GEOFFREY H.</b>	4.2 NAME	<b>Julia A. Stewart</b>
STREET ADDRESS	<b>FETCHAM PARK HOUSE</b>	4.3 STREET ADDRESS	<b>15303 Dallas Parkway, #400, LB5</b>
CITY-ST-ZIP	<b>SURREY KT22 9HD, ENG.</b>	4.4 CITY-ST-ZIP	<b>Dallas, TX 75248</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" 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 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: \_\_\_\_\_ DATE: **03/23/98**  
 HOWARD GARFIELD, VP

CR2E034 (10/97)