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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P19094** (2)
1. Corporation Name
INTER-ACTIVE SECURITY, INC.

Principal Place of Business Mailing Address
1000 BENSTEIN ROAD WALLED LAKE MI 48390 US
P. O. BOX 9047 WALLED LAKE MI 48390-6047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1988	3a. Date of Last Report 04/26/1994
4. FEI Number 38-2498988	Applied For 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. SAME	2a. Mailing Address 26. SAME
Suite, Apt. #, etc. 22.	Suite, Apt. #, etc. 27.
City & State 23.	City & State 28.
Zip 24.	Country 25.
Zip 29.	Country 30.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 the 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 12	
12.1 TITLE: PD NAME: SIPORIN, SANFORD STREET ADDRESS: 1000 BENSTEIN ROAD CITY & ZIP: WALLED LAKE MI		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 TITLE: TV NAME: BREITBERG, FREDDIE STREET ADDRESS: 1000 BENSTEIN ROAD CITY & ZIP: WALLED LAKE MI		13.2 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 TITLE: D NAME: ROSS, CHARLES W. STREET ADDRESS: 1000 BENSTEIN ROAD CITY & ZIP: WALLED LAKE MI		13.3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 TITLE: D NAME: WEISER, RONALD STREET ADDRESS: 1000 BENSTEIN ROAD CITY & ZIP: WALLED LAKE MI		13.4 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE: D NAME: IACOBELLI, MARIO STREET ADDRESS: 1000 BENSTEIN ROAD CITY & ZIP: WALLED LAKE MI		13.5 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RESIGNED & NOT REPLACED
12.6 TITLE: D NAME: GILBERT, DEAN STREET ADDRESS: 1000 BENTSTEIN ROAD CITY & ZIP: WALLED LAKE MI		13.6 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RESIGNED & NOT REPLACED

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, for the corporation stated in Sections 119.02(1)(a), 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. I am an officer or director of the corporation or the receiver or trustee empowered to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Freddie Breitberg* **FREDDIE BREITBERG** 4/13/95 810-669-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR