


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

FILED

**Jun 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P950000 68180
 1. Corporation Name **SUN I SECURITY SYSTEMS, INC.**



Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	

3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report 05/01/96
4. FEI Number 65-0616788	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21 9999 NW 89 AVE	28 SAME AS # 2
22 Suite, Apt. #, etc. BAY # 24	27 Suite, Apt. #, etc.
23 HEDLEY, FL 33178	26 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

TUFANO, LUCIO

10. Name and Address of New Registered Agent

81 Name TUFANO, LUCIO
82 Street Address (P.O. Box Number is Not Acceptable) 9999 NW 89 AVE BAY # 24
83
84 City HEDLEY
85 Zip Code FL 33178

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]* LUCIO TUFANO DATE 05/01/97

12. OFFICERS AND DIRECTORS

TITLE	TUFANO, LUCIO PD	<input type="checkbox"/> DELETE
NAME	9999 NW 89 AVE # 24	
STREET ADDRESS	HEDLEY, FL 33178	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	500002219655
6.3 STREET ADDRESS	-06/23/97--01075--040
6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CORPORATION

PC 6-20

[Handwritten signatures and initials]