


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90020 044 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64203 ✓
 1. Corporation Name
ICR SECURITY SERVICES, INC.

Principal Place of Business 5706 N.W. 64 TERRACE TAMARAC FL 33321-5733 US	Mailing Address 5706 N.W. 64 TERR TAMARAC FL 33321-5733 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 Fairway Drive Suite, Apt. #, etc. 22 #223 City & State 23 DEERFIELD BCH, FL Zip 24 33441	2a. Mailing Address 26 10 FAIRWAY DRIVE Suite, Apt. #, etc. 27 #223 City & State 28 DEERFIELD BEACH, FL Zip 29 33441	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 09/10/1992	4. FEI Number 65-0355694	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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
KROGER, H. HENRY
 5706 N.W. 64TH TERRACE
 TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name HENRY KROGER	82 Street Address (P.O. Box Number is Not Acceptable) 10933 ROYAL CARRIBEAN CIR	83
84 City BOYNTON BEACH	FL	85 Zip Code 33437

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME KROGER, H. HENRY	
STREET ADDRESS 5706 N.W. 64TH TERRACE	
CITY-ST-ZIP TAMARAC FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME KROGER, H. HENRY	
1.3 STREET ADDRESS 10933 ROYAL CARRIBEAN CIRCLE	
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
2.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ROGER WILLIAMS	
2.3 STREET ADDRESS 1400 VILLIAGE BLVD. #410	
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409	
3.1 TITLE S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME GUERRERA, VINCE	
3.3 STREET ADDRESS 3545 S. OCEAN BLVD #105	
3.4 CITY-ST-ZIP PALM BEACH, FL 33480	
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	
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: 8/5/99 DAYTIME PHONE #: 954 574 0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)