

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # **519172** (1)
1. Corporation Name
MICHAEL SAUNDERS SECURITY CORP.

Principal Place of Business Mailing Address
1801 MAIN ST. 1801 MAIN ST.
SARASOTA FL 34236 SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/01/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1706377	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EISEMAN, SAUL 1801 MAIN STREET SARASOTA FL 34236				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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	
NAME	SAUNDERS, MICHAEL	1.2 NAME	
STREET ADDRESS	1801 MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	
NAME	EISEMAN, SAUL	2.2 NAME	
STREET ADDRESS	1801 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D
NAME		3.2 NAME	RON BURKS
STREET ADDRESS		3.3 STREET ADDRESS	1801 MAIN ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL
TITLE		4.1 TITLE	DVP
NAME		4.2 NAME	PAULA REES
STREET ADDRESS		4.3 STREET ADDRESS	1801 MAIN ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SARASOTA, FL
TITLE		5.1 TITLE	D
NAME		5.2 NAME	DRAYTON SAUNDERS
STREET ADDRESS		5.3 STREET ADDRESS	1801 MAIN ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Saul E. Eisenman

1/22/98

(941) 951-6600

CR2E034 (10/97)