

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F48628 (4)			
1. Corporation Name MAXIMUM SECURITY SERVICE INC.			
Principal Place of Business 1891 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311 US		Mailing Address 1891 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1517 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	
9. Name and Address of Current Registered Agent HOWARD H. CHARLES 1523 NE 51 STREET FT. LAUDERDALE FL FL 33334			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable) 1891 W. OAKLAND PK. BLVD.			
83			
84 City FT. LAUDERDALE FL			
85 Zip Code 33311			
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			
1.1 TITLE PD			
1.2 NAME CHARLES H. HOWARD			
1.3 STREET ADDRESS 5501 NE 16 AVE.			
1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33334			
1.5 DELETE			
1.6 DELETE			
1.7 DELETE			
1.8 DELETE			
1.9 DELETE			
1.10 DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS 1891 W. OAKLAND PK. BLVD.			
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311			
1.5 DELETE			
1.6 DELETE			
1.7 DELETE			
1.8 DELETE			
1.9 DELETE			
1.10 DELETE			
14. I do 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES/CEO 4/24/97 (954) 731-2228			



CR2E034 (9/96)