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Apr 11 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 # F94000003750 (6)

1. Corporation Name

SECURITY WORLD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

32 W. STATE ST.
SHARON PA 16146

ATTN: JOHN F. HORNBOSTEL, JR., ESQ.
32 W. STATE ST.
SHARON PA 16146-1302



3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

10/14/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPAMERICA, INC.
SUITE 216
1525 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

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

Signatures, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VC	<input type="checkbox"/> DELETE
NAME	DOMBROWSKI, ALBERT F	
STREET ADDRESS	32 W. STATE ST.	
CITY - ST - ZIP	SHARON PA 16146	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRUMP, JIM	
STREET ADDRESS	13794 NW 4TH STREET, SUITE 203	
CITY - ST - ZIP	SUN RISE FL 33325	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MCCANDLESS, JEFFREY A	
STREET ADDRESS	32 W. STATE ST.	
CITY - ST - ZIP	SHARON PA 16146	
TITLE	VSGC	<input type="checkbox"/> DELETE
NAME	HORNBOSTEL, JOHN F JR	
STREET ADDRESS	32 W. STATE ST.	
CITY - ST - ZIP	SHARON PA 16146	
TITLE	C	<input type="checkbox"/> DELETE
NAME	WINNER, JAMES E JR	
STREET ADDRESS	32 W. STATE ST.	
CITY - ST - ZIP	SHARON PA 16146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/97 412-981-1152

CR2E034 (9/96)