

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

FILED
Sep 08 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 # F96000005037 (4)
1. Corporation Name
SAFEGATE AIRPORT SYSTEMS, INC.



Principal Place of Business 3700 NW 124TH AVE. SUITE 135 CORAL SPRINGS FL 33065	Mailing Address 3700 NW 124TH AVE. SUITE 135 CORAL SPRINGS FL 33065-2433
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
21	22	26	27	4. FEI Number 65-0303945	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	25	28	29	30
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SARAGA, ROBERT S ESQ 150 E. PALMETTO PARK RD, SUITE 435 BOCA RATON FL 33432				81 Name	Michael H. Leeds		
				82 Street Address (P.O. Box Number is Not Acceptable)	Blank Rome Comisky & McCauley		
				83	1401 Forum Way, Suite 700		
				84 City	West Palm Beach	85 Zip Code	FL 33401

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: *Michael H. Leeds* DATE: **8/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C OSSEIRAN, SALAH N	1.2 NAME	
STREET ADDRESS	PO BOX 86892 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SOUBRA, MAHMOUD	2.2 NAME	
STREET ADDRESS	3700 NW 124TH AVE, SUITE 135	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SOUBRA, FADI	3.2 NAME	
STREET ADDRESS	8805 NW 18TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BUTTZ, WILLIAM	4.2 NAME	
STREET ADDRESS	37 SCHOOL HOUSE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHURCHVILLE PA 18968	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *William Buttz* DATE: **28 Feb 1997** **610-420-8220**

CR2E034 (9/96)