

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

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May 05 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 # **H03948**

(7)

1. Corporation Name

~~COASTAL SECURITY SYSTEMS, INC.~~

C.S.S. Investments, Inc.

Principal Place of Business % SHELDON E. KATZ 6251-A PARK OF COMMERCE BOULEVARD BOCA RATON FL 33487	Mailing Address % SHELDON E. KATZ 6251-A PARK OF COMMERCE BOULEVARD BOCA RATON FL 33487-8227
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3. Date Incorporated or Qualified 05/17/1984	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2423654 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, SHELDON E.
6251-A PARK OF COMMERCE BOULEVARD
BOCA RATON 33487

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, FRED	1.2 NAME	
STREET ADDRESS	6251-A PK OF COMMERCE BL	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, SHELDON E.	2.2 NAME	
STREET ADDRESS	6251A PK OF COMMERCE BL	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPPITELLI, ANTHONY N.	3.2 NAME	
STREET ADDRESS	6251-A PK OF COMMERCE BL	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, MIKE	4.2 NAME	
STREET ADDRESS	6251-A PARK OF COMMERCE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, ELIZABETH	5.2 NAME	
STREET ADDRESS	6251-A PARK OF COMMERCE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	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: **C.S.S. Investments, Inc.**
By: **[Signature]**

4/25/97

561-998-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0339294

CR2E034 (9/96)