

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H37429 (8)
1. Corporation Name
HARBOUR ISLAND SECURITY, INC.

Principal Place of Business 424 KNIGHTS RUN AVE. TAMPA FL 33602 US	Mailing Address 300 BENEFICIAL CENTER PEAPACK NJ 07977 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1985	
21		26		4. FEI Number 51-0284740	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		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		28		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	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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's signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC	11 TITLE	
NAME	MARKS, SUZANNE P	12 NAME	
STREET ADDRESS	424 KNIGHTS RUN AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	BROAS, MATTHEW J	22 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	23 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	24 CITY-ST-ZIP	
TITLE	VPSD	31 TITLE	
NAME	BROWN, CHARLES D	32 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	33 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ 07977	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	CASPERSEN, FINN M.W.	42 NAME	
STREET ADDRESS	301 N. WALNUT ST.	43 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	44 CITY-ST-ZIP	
TITLE	VPTS	51 TITLE	
NAME	SHERIDAN, PATRICIA	52 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	53 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Charles D. Brown* Charles D. Brown 4/27/98 908 781-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)