FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1809 S. ATLANTIC AVENUE

DAYTONA BEACH FL 32118

2. Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J54708

(9)

1809 S. ATLANTIC AVENUE

DAYTONA BEACH FL 32118

Mailing Address

2a. Mailing Address

INTERN

iational	SECURITY	AGENCY,	INC.

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified 01/29/1987

4. FEI Number

21				26					59-3124646		No	ot Applicable	
	Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22				27			_		5. Certificate di Status Desired	<u> </u>	Fee Re	equired	
	City & State	ate City & State						6. Election Campalgn Financing		\$5.00	May Be		
23			,	28					Trust Fund Contribution		Added	to Fees	
_	Zip		Country	Zip	<u> </u>	Country	/		8. This corporation owes or has p				
24			25	29]30				Personal Property Tax due Jur			No	
		 _	and Address of Current	Registered Agent		_	T		10. Name and Address of New F	legistered .	Agent		
) LOUGING, WILLIAM L.				81		lame							
MANACO, SMITH, HOOD, PERKINS, LOUCKS, & ST				82	s	treet Addre	ss (P.O. Box Number is Not Accept	able)					
444 SEABREEZE BLVD., SUITE 900					<u> </u>								
DAYTONA BEACH FL 32118				83	Ì					ļ			
l						84	10	City			85 Zip	Code	
] -]	[FĻ		.)	
11	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.													
SI	GNATURE								•			. [
5		Signature, typed	or printed name of registered agen		(NOTE: Rec	istered Age	ent si	ignature required	when reinstating)	DATE			
12		1000	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
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	Y-ST-ZIP				[6.4 CITY - S						[
14	I hereby o	entify that th	e information supplied wit	h this filing does no	ot qualify for the	exemp	ation	n stated in S	ection 119.07(3)(i), Florida Statutes	I further ce	rtify 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 reselver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in											pears in		
ĺ	Block 12 d	or Block 13	if changed, onon an alvac	hment with an addi	ess.				f	_			