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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J99545** (2)  
1. Corporation Name  
**SAFE AND SECURE ALARMS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% JOSEPH PETER DREVENAK 13590 COOPER ROAD SPRING HILL FL 34809</b>		Mailing Address <b>% JOSEPH PETER DREVENAK 13590 COOPER ROAD SPRING HILL FL 34809</b>	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent <b>DREVENAK, JOSEPH PETER 13590 COOPER RD. SPRING HILL FL 34809</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	

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	<b>P</b>	1.1 TITLE	
NAME	<b>DREVENAK, JOSEPH PETER</b>	1.2 NAME	
STREET ADDRESS	<b>13590 COOPER RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTS</b>	2.1 TITLE	
NAME	<b>DREVENAK, ILLUMINADA</b>	2.2 NAME	
STREET ADDRESS	<b>13590 COOPER RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Joseph P. Drevenak*

4/30/98 3526082222

CR2E034 (10/97)