

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # K29115

(8)

1. Corporation Name

SECURITY SHIELD, INC.

Principal Place of Business

C/O LEVITT HOMES INCORPORATED
7777 GLADES ROAD, SUITE 410
BOCA RATON FL 33434

Mailing Address

C/O LEVITT HOMES INCORPORATED
7777 GLADES ROAD, SUITE 410
BOCA RATON FL 33434

2. Principal Place of Business

2a. Mailing Address

21	State	26	State
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. #105
TALLAHASSEE FL 32301

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 Section 119.03(2)(b), Florida Statutes, the above named corporation, duly authorized, hereby appoints the undersigned as its registered agent, or, if in the State of Florida, the undersigned was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[] OFFICER
NAME	WIENER, ELLIOTT W.	
STREET ADDRESS	7777 GLADES ROAD #410	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DVTS	[] OFFICER
NAME	HOYOS, JEFFERY	
STREET ADDRESS	7777 GLADES RD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DVS	[] OFFICER
NAME	WEST, ALFRED G.	
STREET ADDRESS	7777 GLADES RD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	V	[] OFFICER
NAME	DAMIANO, TOM	
STREET ADDRESS	7777 GLADES RD. #410	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	V	[] OFFICER
NAME	WORLEY, SCOTT	
STREET ADDRESS	7777 GLADES RD. #410	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		[] OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

800001760189
-03/28/96--01004--011
****200.00 ****200.00

14. I, the undersigned, certify that the information supplied to the Florida Department of State is true and correct, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery Hoyos VP 3-1-96

482-5100

CR2E034 (12/95)

482-5100
3/21/96