


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

FILED

Apr 29 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 # L 28168
1. Corporation Name
AOCO FEDERAL SECURITY SYSTEMS INC.

Principal Place of Business
2164 RESEAU PARK TRACE
PORT ST. LUCIE FL. 34986

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 MERIDINGGE FRUCHTER 27 Suite, Apt. #, etc. 28 888 SEVENTH AVE 29 City & State 30 NY NY 31 Zip 32 10106 33 Country 34 USA
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3. Date Incorporated or Qualified 10/21/89	3a. Date of Last Report 1996
4. FEI Number 65-0153462	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
VITO CILMI
7535 S. ORIOLE BLVD.
DELRAY, FL. 33446

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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 _____ DATE 4/20/97
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	VITO CILMI
STREET ADDRESS	7535 S. ORIOLE BLVD.
CITY-ST-ZIP	DELRAY FL. 33446
TITLE	VICE PRESIDENT
NAME	PETER RETTAGLIATA
STREET ADDRESS	358 GETTYSBURGH WAY
CITY-ST-ZIP	LINCOLN PARK NJ. 07035
TITLE	SECT.
NAME	JOHN STEFFARATO
STREET ADDRESS	1 STONEHAVEN RD.
CITY-ST-ZIP	WEST NYACK NY
TITLE	TREASURER
NAME	LARRY WIENER
STREET ADDRESS	11 WOODS WAY
CITY-ST-ZIP	WHITE PLAINS NY 10605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002162154
5.3 STREET ADDRESS	-05/01/97--01082--006
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE 4/20/97 561-498-8755
SIGNATURE AND TYPE OR PRINTED NAME OF S. AND OFFICER OR DIRECTOR

CR2E034 (9/96)