


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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L56500 (6) 1. Corporation Name SECURITY INDUSTRIES/MSC EQUIPMENT, INC.			
Principal Place of Business 707 CHILLINGWORTH DR WEST PALM BEACH FL 33409		Mailing Address 707 CHILLINGWORTH DR WEST PALM BEACH FL 33409-4124	
2. Principal Place of Business 21 5462 NW 57th Way Suite, Apt. #, etc. 22 City & State 23 Coral Springs, FL Zip 24 33067 Country 25 USA		2a. Mailing Address 26 6574 N State Rd 7 Suite, Apt. #, etc. 27 # 159 City & State 28 Coconut Creek, FL Zip 29 33073-3617 Country 30 USA	
9. Name and Address of Current Registered Agent REGINALD G STAMBAUGH 1400 CENTREPARK BLVD, SUITE 800 WEST PALM BEACH FL 33401		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONZ, THOMAS L.	1.2 NAME	
STREET ADDRESS	15698 77TH TRAIL NORTH	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BCH GARDENS FL	1.4 CITY- ST- ZIP	
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONZ, BARBARA G.	2.2 NAME	DS MONZ, BARBARA G
STREET ADDRESS	15698 77TH TRAIL NORTH	2.3 STREET ADDRESS	5462 NW 57th Way
CITY- ST- ZIP	PALM BCH GARDENS FL	2.4 CITY- ST- ZIP	Coral Springs, FL 33067
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOURGEON, RAN D	3.2 NAME	
STREET ADDRESS	12111 ARKANSAS WOODS CT	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: B Monz - Barbara G Monz, Secretary 3/11/97 (954) 427-3775			

CR2E034 (9/96)