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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L95695

(7)

ASSET SECURITY SYSTEMS, INC.

Principal Place of Business

Mailing Address



MIAMI FL 331	I STREET 138	915 NE 79TH STREET Miami Fl 33138				
				3. Date incorporated or Qualified 08/23/1990	3a. Date of Last Report 06/14/1995	
2. Principal Pla 1 1095	ace of Business IVATER PACK DR.	2a. Mailing Address 25 /095 Jul	ITER PARK D	4. FEI Number 65-0213986	Applied For Not Applicable	
Suite, Apt. # 2 SU //	*, etc. #-9	Suite, Apt. #, etc. 27 SU/7€	#9	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	PITER, FL.	28 74917ER	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
4 Z16 334	158 25 PANM BEACH	29 33458	Country PSA	1 100	□No	
	9. Name and Address of Current	Registered Agent	81 Name 🕰	10. Name and Address of New R	egistered Agent	
-	Christopher P. Scayne Blvd. 01		82 Street Arid	ess P.O. Box Number is Not Acceptab	9SH IR. ARK DRIVE	
MIAMI FL	L 33138		84 City	ITE #9	at 7n Code	
				PITER	FL 15 33457	
or registere familiar with SIGNATURE	of agent, or bath, in the State of Florida agent, or bath, in the State of Florida accept the obligations of Florida Splicture, typec or printed name of regularea agent ar	n 69101.05, Florida Statutes.	s, the above-named corpord by the corporation's boa	ation submits this statement for the pur of of directors. I hereby accept the appo	pose of changing its registered officintment as registered agent. I am	
2.	OF ICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TLF	DPT	☐ DELETE	1 1 TITLE	PRECTOR, VICE-PARS		
AME	VANSCIVER, JOSHUA H		1.2 NAME	•	. , ,	
TREET ADDRESS	915 NE 79TH STREET		1.3 STREET ADDRESS	195 JUNTER AND TYPITER, FL. 3	K DR, #49	
	MIAMI FL		1.4 CITY-ST-ZIP	TUPITER FL. 3	3458	
HY ST ZIP			1.4 01/3 - 3/- Zir			
+	DV	☐ DELETE	2 1 TiTLE		Change 🔲 Addition	
'LF	VANSCIVER, J. HOWARD	☐ DELETE	2 1 TITLE 2 2 NAME		X	
LE IME	VANSCIVER, J. HOWARD 915 N.E. 79TH ST.	☐ DELETE	2 1 TITLE 2 2 NAME		X	
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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 changin, or on an attachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (407/746-35