

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L95695

1. Corporation Name

ASSET SECURITY SYSTEMS, INC.

Principal Place of Business

1095 JUPITER PARK DR  
SUITE 9  
JUPITER FL 33458  
US

Mailing Address

1095 JUPITER PARK DR  
SUITE 9  
JUPITER FL 33458  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SCIVER, J HOWARD VAN → VAN SCIVER, J. Howard  
C/O ASSET SECURITY SYSTEMS IN  
1095 JUPITER PARK DRIVE #9  
JUPITER FL 33458

3. Date Incorporated or Qualified

08/23/1990

4. FEI Number

65-0213986

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP  
NAME VANSICVER, JOSHUA H  
STREET ADDRESS 1095 JUPITER PARK DR., #9  
CITY-ST-ZIP JUPITER FL

TITLE DV  
NAME VANSICVER, J. HOWARD  
STREET ADDRESS 1095 JUPITER PARK DRIVE, #9  
CITY-ST-ZIP JUPITER FL

TITLE DPTS  
NAME MASH, MICHAEL A JR  
STREET ADDRESS 1095 JUPITER PARK DRIVE, #9  
CITY-ST-ZIP JUPITER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE pD  
22 NAME Vansciver, J. Howard  
23 STREET ADDRESS 1095 Jupiter Park Dr., #9  
24 CITY-ST-ZIP Jupiter, FL 33458

31 TITLE S  
32 NAME Vansciver, Adele  
33 STREET ADDRESS 1095 Jupiter Park Dr., #9  
34 CITY-ST-ZIP Jupiter, FL 33458

41 TITLE DVPT  
42 NAME Cardoni, Lou  
43 STREET ADDRESS 1095 Jupiter Park Dr., #9  
44 CITY-ST-ZIP Jupiter, FL 33458

51 TITLE D  
52 NAME Vansciver, Jason  
53 STREET ADDRESS 1095 Jupiter Park Dr., #9  
54 CITY-ST-ZIP Jupiter, FL 33458

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

J. Howard VanSciver 1/11/99

561-746-3558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)