

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19, 1999 8:00 am
Secretary of State

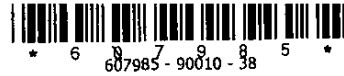
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002590

1. Corporation Name
ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSIONALS, INC.

Principal Place of Business 12015 GRIFFING BLVD. SUITE 2950 BISCAYNE PARK FL 33161 US	Mailing Address 12015 GRIFFING BLD. STE 8 BISCAYNE PARK FL 33161 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/09/1993	4. FEI Number 65-0417695	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		

9. Name and Address of Current Registered Agent

SMITH, CHARLES I
 12015 GRIFFING BLVD.
 BISCAYNE PARK FL 33161

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 617.0502 and 617.1508, 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 617.0503, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, FRANK	1.2 NAME	Frank Moran
STREET ADDRESS	300 BISCAYNE BLVD WAY	1.3 STREET ADDRESS	19404 NW 24 Place
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUISTI, GEORGE	2.2 NAME	
STREET ADDRESS	777 BRICKELL AVE., STE. 610	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHALRES J	3.2 NAME	
STREET ADDRESS	12015 GRIFFING BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHANESIAN, PAUL	4.2 NAME	
STREET ADDRESS	4525 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	David Payne
STREET ADDRESS		5.3 STREET ADDRESS	9335 Lake Serena Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> DELETE	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 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 617, 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: *Frank Moran* **SIGNATURE REQUIRED** Frank Moran F-19-99 305-274-0226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)