


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

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Secretary of State

06-19-1999 90003 026 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P 26545</u>			
1. Corporation Name Security First Group, Inc.			
Principal Place of Business 11365 West Olympic Blvd. Los Angeles, CA 90064		Mailing Address P.O. Box 92193 Los Angeles, CA 90009	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent Buerke, Hugh, Jr. 200 West College Ave. Tallahassee, FL 32301		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	President & General Counsel <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearson, Richard C.	1.2 NAME	
STREET ADDRESS	11365 W. Olympic Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90064	1.4 CITY-ST-ZIP	
TITLE	Sr. Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kayton, Howard H.	2.2 NAME	
STREET ADDRESS	11365 W. Olympic Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90064	2.4 CITY-ST-ZIP	
TITLE	Sr. Vice President -Finance <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eagle, Jane F.	3.2 NAME	
STREET ADDRESS	11365 W. Olympic Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90064	3.4 CITY-ST-ZIP	
TITLE	Chairman <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levene, David A.	4.2 NAME	
STREET ADDRESS	One Madison Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10010	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	Director
STREET ADDRESS		5.3 STREET ADDRESS	Cates, Steven T.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	900 Washington Ave
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Waco, TX 76701
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 2, 199

Date

310-312-6100

Daytime Phone #

CR2E034 (11/98)