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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P93000084426 (4)**

DESIGN SECURITY SYSTEMS CO.

Principal Place of Business Mailing Address 7151 TAFT STREET 7151 TAFT STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024-3805 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1996 01/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0454296 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Yes No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** MARTIN, DARRIN B Name 7060 SCOTT STREET Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33024 83 84 City 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 pentra name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE 1.1 TITL€ Change Addition HILE ZELL, WENDY NAME 1.2 NAME 7161 TAFT STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Addition Change TRUE 2.1 TITLE MARTIN, DARRIN B 2.2 NAME NAME 7060 SCOTT STREET STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33024 CHY-S1-ZIP 2 4 CITY-5T-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME **3.2 NAME** STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition 4.1 TITLE THUE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TILLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS **53 STREET ADDRESS** CITY-ST ZIP 5.4 CITY-ST-ZIP DELETE Change Addition THILE **6.1 TITLE** NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

14. I do hereby cently 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

SIGNATURE:

STREET ADDRESS

MENAY DULL OFFICER OF DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

3-26-97 454-981-4110

FILED

Apr 02 1997 8:00am

Secretary of State

CR2E034 (9/96)