FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:22

DOCUMENT # P94000007233 (7)

1. Corporation Name

AMERICAN SECURITY GROUP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2550 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH FL 33180	2550 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. 22 ; City & State 23 ; Zip 24 ; Country 25

2a. Mailing Address — 26 ; Suite, Apt. #, etc. 27 ; City & State 28 ; Zip 29 ; Country 30

4. FEI Number: 65-0484813 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CORNELIA, NATALIE M
STREET ADDRESS	2550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	DT
NAME	WIENER, JAY J
STREET ADDRESS	2550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	DS
NAME	CORNELIA, BARBARA M
STREET ADDRESS	2550 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
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 ☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing ... and that my name appears in Block 12 or Block 13 ... or a director ... with an address.

SIGNATURE: Natalie Cornelia — PRESIDENT — 1/29/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100452 CP