FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000007233 (7)**

1. Corporation Name

AMERICAN SECURITY GROUP ENTERPRISES, INC.

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

Mailing Address
2550 N.E. MIAMI GARDENS DR.
NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report: 02/17/1995
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

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

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: JAY J. WIENER
82 Street Address (P.O. Box Number is Not Acceptable): 2550 NE MIAMI GARDENS Dr
83 NORTH MIAMI BEACH
84 City FL 85 Zip Code 33180

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] JAY WIENER 4/22/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CORNELIA, NATALIE M	
STREET ADDRESS	2550 N.E. MIAMI GARDENS DR.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	DT	☐ DELETE
NAME	WIENER, JAY J	
STREET ADDRESS	2550 N.E. MIAMI GARDENS DR.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	DS	☐ DELETE
NAME	CORNELIA, BARBARA M	
STREET ADDRESS	2550 N.E. MIAMI GARDENS DR.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] PRESIDENT 4-5-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #