

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18200 W. DIXIE HWY Suite, Apt. #, etc. 22 City & State MIAMI FL 33160 Zip 33160 Country DAVE	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State Zip Country	3. Date Incorporated or Qualified 01/28/1994 4. FEI Number 65-0484813 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JAY J WIENER 2550 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33180	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 18200 W. DIXIE HWY 83 84 City MIAMI FL 85 Zip Code 33160
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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 NAME STREET ADDRESS CITY - ST - ZIP	DP CORNELIA, NATALIE M 2550 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH FL 33180	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	18200 W. DIXIE HWY MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WIENER, JAY J 2550 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH FL 33180	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	18200 W. DIXIE HWY MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CORNELIA, BARBARA M 2550 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH FL 33180	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	18200 W. DIXIE HWY MIAMI FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: Richard Cornelia V. PRESIDENT 1-23-98

CR2E034 (10/97)