

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

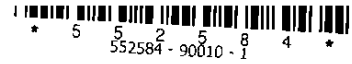
05-17-1999 90010 001 \*\*\*150.00

CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P94000026988 (3) ✓**  
 1. Corporation Name  
**INTERNATIONAL SECURITY GROUP INC**



Principal Place of Business Mailing Address  
**6416 PEMBROKE RD. SAME**  
**MIRAMAR FL 33023**

2. Principal Place of Business 2a. Mailing Address  
 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 27  
 City & State City & State  
 28  
 Zip Country Zip Country  
 25 29 30

3. Date Incorporated or Qualified **04/08/1994** 3a. Date of Last Report **1998**  
 4. FEI Number **65-0484808** 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  
**CORNELIA, NATALIE M.**  
**6416 PEMBROKE RD.**  
**MIRAMAR FL 33023**

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 617.0502 and 617.1508, 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE *Natalie Cornelia* DATE **4/29/99**

12. OFFICERS AND DIRECTORS  DELETE  
 DP CORNELIA, NATALIE M  
 6416 PEMBROKE RD  
 MIRAMAR FL 33023  
 DS CORNELIA, BARBARA M  
 6416 PEMBROKE RD  
 MIRAMAR FL 33023  
 DT WIENER, JIM J  DELETE  
 6416 PEMBROKE RD  
 MIRAMAR FL 33023

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

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *Robert A. Smith* PRESIDENT 4-29-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)