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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029713

1. Corporation Name

SAFEGUARD SECURITY SYSTEMS OF AMERICA, INC.

Principal Place of Business

1511 10TH ST W
BRADENTON FL 34205

Mailing Address

P.O. BOX 295
PALMETTO FL 34219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3516 Wilderness Blvd W		26 Suite, Apt. #, etc.		04/19/1994	
22 City & State		27 City & State		4. FEI Number	
23 Parrish, FLORIDA		28 Zip		65-0484628	
24 34219		25 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

BELLEMARE, PIERRE A
1511 10TH ST W
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
Parrish	34219

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  PIERRE A. BELLEMARE DATE 4-20-98

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	X Change
NAME	BELLEMARE, PIERRE A	1.2 NAME	
STREET ADDRESS	2002 7TH ST W	1.3 STREET ADDRESS	3516 Wilderness Blvd W.
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP	Parrish, FL. 34219
TITLE	D	2.1 TITLE	X Change
NAME	BELLEMARE, LINDA	2.2 NAME	
STREET ADDRESS	2002 7TH ST W	2.3 STREET ADDRESS	3516 Wilderness Blvd W.
CITY-ST-ZIP	PALMETTO FL 34221	2.4 CITY-ST-ZIP	Parrish, FL. 34219
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Linda A. Bellemare RECORDED Bellemare 4-20-99 941-776-3578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)