

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000089630 (5)**

1. Corporation Name

AMERICAN SECURITY & ORNAMENTAL, INC.



Principal Place of Business 1900 EAST ROBINSON STREET ORLANDO FL	Mailing Address 1900 EAST ROBINSON STREET ORLANDO FL 32803-5936
--	---

2. Principal Place of Business 21 1316 29TH ST. Suite, Apt. #, etc. 22 City & State 23 ORLANDO FL Zip Country 24 32805 25 ORLANDO		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 03/15/1996
		4. FEI Number 59-3292263		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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SPENCER, STEVEN A 1900 EAST ROBINSON STREET ORLANDO FL		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN L	1.2 NAME	
STREET ADDRESS	1702 BONITA AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32805	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V-PRES. FENCE DIV. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOE BONDS
STREET ADDRESS		2.3 STREET ADDRESS	1700 BONITA AVE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ORLANDO FL 32805
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V-PRES FIELD INST. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JIM HUNT
STREET ADDRESS		3.3 STREET ADDRESS	1316 29TH ST
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ORLANDO FL 32805
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V-PRES FABRIC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JEREMY SPOWCE
STREET ADDRESS		4.3 STREET ADDRESS	1316 29TH ST.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	ORLANDO FL 32805
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN L. Smith** 1/6/97 (407)423-4962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)