


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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000015037		
1. Corporation Name AMERICAN FIRE SAFETY & ELECTRICAL SYSTEMS CORP.		

FILED
FEB 19 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6860 S.W. 81ST STREET MIAMI, FL 33143 US	Mailing Address 6860 S.W. 81ST STREET MIAMI, FL 33143 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17403 SW 19th ST Suite, Apt. #, etc.		2a. Mailing Address 26 17403 SW 19th ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/22/1995	
22 City & State MIRAMAR, FL		27 City & State MIRAMAR, FL		4. FEI Number 65-0562143	
23 Zip 33029		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33029		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVIS, CHARLES R. 6860 S.W. 81ST STREET MIAMI FL 33143		10. Name and Address of New Registered Agent 81 Name BILLY JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 17403 SW 19th ST. 83 MIRAMAR, FL 33029 84 City FL 85 Zip Code	
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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 *Billy W. Jackson* DATE **2/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVIS, CHARLES R.		1.2 NAME JACKSON, BILLY W.	
STREET ADDRESS 9440 S.W. 146TH STREET		1.3 STREET ADDRESS 17403 S.W. 19th ST	
CITY-ST-ZIP MIAMI FL 33143		1.4 CITY-ST-ZIP MIRAMAR, FL 33029	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: *Billy W. Jackson* DATE: **2/12/99** (95-1) 1411-8175