FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000016052 (9)**

1. Corporation Name

EAGLE SECURITY SERVICE, INC.

Principal Place of Business

16155 S.W. 117TH AVENUE
SUITE B-12
MIAMI FL

Mailing Address

16155 S.W. 117TH AVENUE
SUITE B-12
MIAMI FL

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified: **02/27/1995**

3a. Date of Last Report

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] **$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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FRECHETTE, JOSEPH C
11098 BISCAYNE BLVD. #205
MIAMI FL 33161

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 Section 607.0505 and 617.1905, 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. Subject to the provisions of Section 607.0505, Florida Statutes, the corporation's board of directors hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	DOTSON, ALBERT E	
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	[ ] DELETE
NAME	KRETZSCHMAR, LIANNE E	
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	[ ] DELETE
NAME	KRETZSCHMAR, TED	
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	[ ] DELETE
NAME	MURPHY, WILLIAM	
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, and complete, for the purposes stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 blank.

SIGNATURE: Albert E. Dotson 3/22/96 305 256-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #