

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL -8 PM 4: 14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000016052 (9)

1. Corporation Name
EAGLE SECURITY SERVICE, INC.



Principal Place of Business

16155 S.W. 117TH AVENUE
 SUITE B-12 14
 MIAMI FL

Mailing Address

16155 S.W. 117TH AVENUE
 SUITE B-12 14
 MIAMI FL 33177-1600

3. Date Incorporated or Qualified: **02/27/1995**
 3a. Date of Last Report: **04/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		APPLIED FOR 59-3370405		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		30	
23		28		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24		25	
24		25		29		30	

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)
700002236037-7
 83 -07/11/97--01075--015
 84 City ******165-00 ****165-00**
FL 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's signature required when re-issuing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTSON, ALBERT E	1.2 NAME	Earlene Dotson
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	1.3 STREET ADDRESS	16155 SW 117 Ave B-12/14
CITY-ST-ZIP	MIAMI FL 33182	1.4 CITY-ST-ZIP	President
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRETZSCHMAR, LIANNE E	2.2 NAME	Earlene Dotson
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	2.3 STREET ADDRESS	16155 SW 117 Ave. B-14
CITY-ST-ZIP	MIAMI FL 33182	2.4 CITY-ST-ZIP	Secretary
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRETZSCHMAR, TED	3.2 NAME	Earlene Dotson
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	3.3 STREET ADDRESS	16155 S.W. 117 Ave. B-14
CITY-ST-ZIP	MIAMI FL 33182	3.4 CITY-ST-ZIP	Treas.
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, WILLIAM	4.2 NAME	
STREET ADDRESS	16155 S.W. 117TH AVE. #B-12	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	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 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 prepare this report as required by the Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the attached list, with an address.

SIGNATURE: **Earlene Dotson** 6/15/97 256-0518
William H. New 4/25/97 257-0518

CR2E084 (9/96)