SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000028523 (5)

EXECUTIVE SECURITY INVESTIGATIONS INC.

PASS & ID OF NAS BOCA CH KEY WEST FL	ICA	616 PETRONIA STREET KEY WEST FL 33040 US			DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualified 04/07/1995
21	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For 65-0638944 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country [25]	Zip [29]	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent DISGDIERTT, DANIEL				Nan	10. Name and Address of New Registered Agont me
616	Petronia Street		82	Stre	eet Address (P.O. Box Number is Not Acceptable)
KEY	WEST FL 33040		83		
			84	City	FI 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 profed name of registered agent and titled applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	DI S GDIERTT SR., DANIEL	L. J DELETE	1.1 TITLE 1.2 NAME		L Change L Addition
STREET ADDRESS	616 PETRONIA STREET		13 STREET	ADDRES	ss
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-S1	-ZIP	
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET		35
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·	DELETE	2.4 CITY-ST	-Z(P	Change Addition
NAME		/ Increit	3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRES	at affice terroring of the state of the stat
CITY-ST-ZIP			3.4 CITY-S1	-ZIP	***580.00
TITLE		DELETE	4.1 TITLE		Chang Addition
NAME			4.2 NAVE		110/2
\$1REET ADDRESS			4 3 STREET		is
CITY-ST-ZIP TITLE		[-] ar	4.4 CITY-ST 5.1 TITLE	-ZIP	
NAME		L] DELETE	5.1 MILE 5.2 NAME		L. i Change L. j Addition
STREET ADDRESS			53 STREET	ADDRES	38
CITY-ST-ZIP			5.4 CITY-S1		
TITLE		DELFTE	6 1 TITLE		Change Addition
NAME		-	6.2 NAME		
STREET ADDRESS			. 6.3 STREET	ADDRES	36

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 attactment with an address. SIGNATURE:

6.4 CITY-ST-ZIP

FILED

Oct 07 1998 8:00am

Secretary of State