

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

FILED

Apr 14 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 # P95000055223 (8)

1. Corporation Name
INTEGRATED SECURITY TECHNOLOGIES GROUP, INC.

Principal Place of Business
3203 EMPEDRADO STREET
TAMPA FL 33629

Mailing Address
3203 EMPEDRADO STREET
TAMPA FL 33629-7107

3. Date Incorporated or Qualified 07/13/1995	3a. Date of Last Report 03/05/1996
4. FEI Number 59-3320731	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. P.O. Box 14188 27. Suite, Apt. #, etc. 28. Tampa, FL 29. 33690 30. USA
---	---

9. Name and Address of Current Registered Agent

STREUBER, JACK J
3203 EMPEDRADO STREET
TAMPA FL 33629

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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	DP	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREUBER, JACK J	12. NAME	
STREET ADDRESS	3203 EMPEDRADO STREET	13. STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33629	14. CITY - ST - ZIP	
TITLE	DST	2.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREUBER, PATRICIA G.	2.2. NAME	D/S/T Streuber, Patricia G.
STREET ADDRESS	3203 EMPEDRADO ST	2.3. STREET ADDRESS	3203 Empedrado St.
CITY - ST - ZIP	TAMPA FL	2.4. CITY - ST - ZIP	Tampa, FL 33629
TITLE		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		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		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		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:

Patricia G. Streuber
3/3/97

(813) 831-6125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)