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Feb 25 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 # P95000060408 (8)

1. Corporation Name

AMERICAN DETECTION SYSTEMS, INC.



Principal Place of Business

2503 WEST ALIEN ST.
TAMPA FL 33607

Mailing Address

2503 WEST ALIEN ST.
TAMPA FL 33607-1934

2. Principal Place of Business

21 2503 Aileen St.

Suite, Apt. #, etc.

22 City & State

23 Tampa FL

24 33607

25 Hillsborough

2a. Mailing Address

26 P.O. Box 4466

Suite, Apt. #, etc.

27 City & State

28 Tampa FL

29 33677

30 Hillsborough

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

06/25/1996

4. FEI Number

59-3329084

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GILMORE, RICARDO L ESQ.
334 HYDE PARK AVE.
TAMPA FL 33606

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 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

TITLE DP
NAME REINA, ANTONIO
STREET ADDRESS 2503 WEST ALIEN ST.
CITY-STATE-ZIP TAMPA FL 33607

TITLE DVS
NAME WINTJEN, KELLY R
STREET ADDRESS 1814 GUNSMITH DR.
CITY-STATE-ZIP LUTZ FL 33549

TITLE DT
NAME REINA, ROBERT
STREET ADDRESS 2503 WEST ALIEN ST.
CITY-STATE-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97 813-871-3321

CR2E034 (9/96)