## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: \_\_

P95000081906 (6) DOCUMENT #

1. Corporation Name

INTEGRATED SECURITY PRODUCTS, INC.				
Principal Place of Business	Mailing Address		I JOOTTOOT ING TOLEN ONLY DRIVE OUT AND A	I NOTO PRODUCE INCIDENCE SEPA 1000
195 HAMPTON CIR JUPITER FL 33477	195 HAMPTON CIR JUPITER FL 33477			
			10/23/1995	ate of Last Report
Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 65-0623781	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zıp	Country 30	8. This corporation has liability for intangible Florida Statutes X Yes No	
24 25 25 9. Name and Address of Curr		[30]	10. Name and Address of New Registere	ed Agent
JENSEN, BLARK 195 HAMPTON CIR JUPITER FL 33477		81 Name ) 82 Street Addi C 83 84 City	FISEN CLARY  ress (P.O. Box Number is Not Acceptable)  Thurstons CETSC	es 7in Coria
familiar with, and accept the abligations of, So	orida. Such change was authoriz action 607.0505, Florida Statute:	es, the above-named corporated by the corporation's boa	ration submits this statement for the purpose of and of directors. I hereby accept the appointment	changing its registered office
SIGNATURE	JEK JEKERA	\\ <del>,\}</del>	4239	6
	pent and title if applicable. (NO AND DIRECTORS	OTE: Registered Agent signature require  13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE D	[**] DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME JENSEN, CLARK		1.2 NAME		
STREET ADDRESS 195 HAMPTON CIR		1.3 STREET ADDRESS		
CRY-SI-ZIP JUPITER FL 33477		1.4 CITY - ST - ZIP		
TITLE D	☐ DELETE	2 1 31TLF		☐ Change ☐ Addition
CHY SI-ZIP JUPITER PC 3347		22 NAME		
TITLE	[] DELETE	2 4 C(TY-ST-ZIP		
NAME	[ ] טנננונ	3. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME		
CITY - ST - ZIP		3.3 STREET ADDRESS		
TITLE	☐ DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		
NAME	<del></del>	4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - S1 - ZIP		4.4 CITY-ST-ZIP		
THILE	☐ DELETE	5. 1 Title		Change Addition
NAME		5.2 NAME		Change Addition
STREET ADDRESS		5 3 STREET ADDRESS		
CHY-ST-ZIP		5 4 City-St-ZIP		
TITLE	☐ DELETE	6. 1 TITLE		Change Addition
NAME		62 NAME		☐ Survives ☐ VOOIIION
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	····	6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplie certify that the information indicated on this are oath; that I am an officer or director of the countries.	d with this filing is voluntarily furn inual report or supplemental ann	ished and does not qualify for	or the exemption stated in Section 119.07(3)(k), it te and that my signature shall have the same leg s report as required by Chapter 607, Florida Stat	Florida Statutes. I further