


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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT • CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *P96000004225*

1. Corporation Name  
**ALL SECURE TECHNOLOGIES, INC.**

Principal Place of Business	Mailing Address
<b>6530 N.W. 4th STREET PLANTATION, FL 33317</b>	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>JAN. 12, 1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>65-0634767</b>		Applied For Not Applicable	
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HARVEY DOISCHEN  
6237 TERRA ROSA CIRCLE  
BOYNTON BEACH, FL**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6237 TERRA ROSA CIRCLE	12 NAME	
CITY, ST, ZIP	BOYNTON BEACH, FL 33437	13 STREET ADDRESS	
TITLE	NAME	14 CITY, ST, ZIP	
STREET ADDRESS	GARY LISCIO, V-PRES (D)	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	6530 N.W. 4th STREET	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	MURRAY HAMBRO, SEC'Y/TREAS (D)	24 CITY, ST, ZIP	
CITY, ST, ZIP	10521 N.W. 10th STREET	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	32 NAME	
STREET ADDRESS	PLANTATION, FL 33322	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
TITLE	NAME	44 CITY, ST, ZIP	
STREET ADDRESS		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS		54 CITY, ST, ZIP	
CITY, ST, ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

*1656/97*

**200002178922  
-05/14/97--01111--023  
\*\*\*165.00**

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 attachment with an address.

**SIGNATURE:** *Harvey Doischen* **4-15-97** **561 737-6080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)