

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 17 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000009806 (6)

1. Corporation Name

ACCESS CONTROL SPECIALISTS, INC.



Principal Place of Business

Mailing Address

1951 N MERIDIAN ROAD
SUITE 70
TALLAHASSEE FL 32303

1951 N MERIDIAN ROAD
SUITE 70
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/31/1996

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

21 1949 HARRIET DRIVE
Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE, FL

Zip

24 32303

Country

25 USA

2a. Mailing Address

26 P.O. BOX 10157
Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE, FL

Zip

29 32302

Country

30 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSEY, WM. W.
1951 N MERIDIAN ROAD
SUITE 70
TALLAHASSEE FL 32303

81 Name

MASSEY, WM. W.

82 Street Address (P.O. Box Number is Not Acceptable)

1949 HARRIET DRIVE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

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

W. W. Massey, Wm. W. Massey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME Wm. W. Massey
STREET ADDRESS 1951 N. MERIDIAN ROAD, Suite 70
CITY-ST-ZIP Tallahassee, FL 32303

1.1 TITLE PRESIDENT
1.2 NAME WILLIAM WALTON MASSEY, II
1.3 STREET ADDRESS 1949 HARRIET DRIVE
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

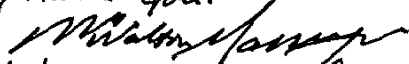
William Walton Massey

CR2E034 (4/97)

9/17/97 (2)

To: Division 17 CORPORATION S

The original notice of Annual Report was not received.
Please waive the LATE FEE.

Thank you.

WILLIAM WALTON MASSEY
PRESIDENT