

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011518 (3)
1. Corporation Name
BEST SECURITY INSTALLATIONS, INC.



Principal Place of Business 1030 NORTH ORANGE AVE., SUITE 104 ORLANDO FL 32801	Mailing Address 1030 NORTH ORANGE AVE., SUITE 104 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 612 E. Colonial Dr Suite, Apt. #, etc. 22 Suite 150 City & State 23 Orlando, FL Zip 24 32803		2a. Mailing Address 26 612 E. Colonial Drive Suite, Apt. #, etc. 27 Suite 150 City & State 28 Orlando, FL Zip 29 32803		3. Date Incorporated or Qualified 02/01/1996	
25 USA		30 USA		4. FEI Number 59-3362410	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THARP, PHILIP A 1030 NORTH ORANGE AVE., SUITE 104 ORLANDO FL 32801 612 E. Colonial Dr. Ste 150 Orlando, FL 32803				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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. Last line of applicable (NOT Registered Agent signature required when reinstating) DATE _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GOFF, LARRY	1.2 NAME	Roger Hirschy
STREET ADDRESS	1030 NORTH ORANGE AVE., SUITE 104	1.3 STREET ADDRESS	612 E. Colonial Drive Suite 150
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	ST	2.1 TITLE	ST
NAME	QUENONES, USA	2.2 NAME	Bobbie Hirschy
STREET ADDRESS	1030 NORTH ORANGE AVE., SUITE 104	2.3 STREET ADDRESS	612 E. Colonial Drive Suite 150
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. _____

CR2E034 (10/97)