

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # P96000028650 (5)

1. Corporation Name
 ENSEC INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 751 PARK OF COMMERCE DRIVE
 SUITE 104
 BOCA RATON FL 33487

Mailing Address
 751 PARK OF COMMERCE DRIVE
 SUITE 104
 BOCA RATON FL 33487

3. Date Incorporated or Qualified
 04/02/1996

4. FEI Number
 65-0654330

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

2. Principal Place of Business
 21 One World Trade
 Suite, Apt. #, etc. 22 3357
 City & State 23 New York, NY
 Zip 24 10048 Country 25 USA

2a. Mailing Address
 26 One World Trade
 Suite, Apt. #, etc. 27 3357
 City & State 28 New York, NY
 Zip 29 10048 Country 30 USA

9. Name and Address of Current Registered Agent
 VALDES-FAULI CORPORATE SERVICES, INC.
 777 SOUTH FLAGLER DRIVE
 EAST TOWER, SUITE 500
 W PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name SOUTH FLORIDA REGISTERED AGENTS, INC.
 82 Street Address (P.O. Box Number is Not Acceptable) New River Center, Suite 1900
 83 200 East Las Olas Blvd
 84 City Fort Lauderdale FL 85 Zip Code 33301

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 SOUTH FLORIDA REGISTERED AGENTS, INC. BY: Beverly J. Byers 07/22/98
 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	FINKEL, CHARLES N	
STREET ADDRESS	751 PARK OF COMMERCE DR #104	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	NORMAN, JAMES K	
STREET ADDRESS	7908 GLEN NEVIS TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVPB	<input type="checkbox"/> DELETE
NAME	DASILVA, FLAVIO R	
STREET ADDRESS	2215 CYPRESS ISLAND DR #501	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	ROTTNER, DAVID J	
STREET ADDRESS	6540 NW 74TH DR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCAYLIFFE, TERENCE R	
STREET ADDRESS	816 CONNECTICUT AVE NW 11TH FLOOR	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIST, RAYMOND E	
STREET ADDRESS	8000 TOWERS CRESCENT DR #940	
CITY-ST-ZIP	VIENNA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address.

SIGNATURE: [Signature]

CR2E034 (5/98)