


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

FILED

Apr 23 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 # **P96000030001 (7)**

1. Corporation Name  
**MCDERMOTT & WALTERS SECURITY SERVICES, INC.**



Principal Place of Business <b>C/O RICHARD F. KONDLA 12501 N KENDALL DRIVE SIDE SUITE MIAMI FL 33186</b>	Mailing Address <b>C/O RICHARD F. KONDLA 12501 N KENDALL DRIVE SIDE SUITE MIAMI FL 33186</b>
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2. Principal Place of Business 21 <b>7935 S.W. 97 Terr.</b>		2a. Mailing Address 26 <b>7935 S.W. 97 Terr.</b>		3. Date Incorporated or Qualified <b>04/05/1996</b>	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>66-0664621</b>	Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Miami, FL.</b>		28 <b>Miami FL.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33156</b>		25 <b>Dade</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KONDLA, RICHARD F 12501 N KENDALL DRIVE SIDE SUITE MIAMI FL 33186</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Michael S. McDermott</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>7935 S.W. 97 Terr.</b>	
				83	
				84 City <b>Miami</b>	85 Zip Code <b>FL 33156</b>

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 **Michael S. McDermott** DATE **4-3-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCDERMOTT, MIKE</b>			1.2 NAME	<b>MICHAEL S. MCDERMOTT</b>		
STREET ADDRESS	<b>12501 N KENDALL DRIVE SIDE SUITE</b>			1.3 STREET ADDRESS	<b>7935 S.W. 97 Terr.</b>		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>			1.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33156</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALTERS, HAROLD</b>			2.2 NAME			
STREET ADDRESS	<b>12501 N KENDALL DRIVE SIDE SUITE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33186</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: **Michael S. McDermott** DATE **4-3-97** (305) 274-3418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)