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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

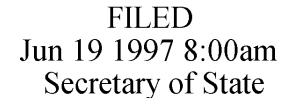
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DADELINE SECURITY AND INVESTIGATIVE SERVICES COR

Principa	Place of B	lusiness

Mailing Address

1035 NE 125TH ST STE 308





11/20/97 (305)892-1777

NO MIAMI PL S	3571 (7)		P	U MIAMI FL 331019041								
									 Date Incorporated or Qualified 11/13/1996 	3a. [Date of Last R	,
2. Principal Pl	lace of Busi	ness		. Mailing Address					4. FEI Number			pplied For
21		· · · · · · · · · · · · · · · · · · ·	26									ot Applicable
Suite, Apt. :	#, etc.		27	Suite, Apt. #, etc.					6. Certificate of Status Desired	X		Additional equired
City & State	9			City & State	•				6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution		Added	to Fees
Zip		Country	Ь.	Zip		untry			8. This corporation has liability for			. 199.032,
24		25	29		30						[Z] No	
		and Address of Current	Regit	stered Agent		04			10. Name and Address of New F	redistered	3 Agent	
	BEYEGBE,					61	Name					
		H ST STE 308				82	Street /	Addres	s (P.O. Box Number is Not Accept	able)		
NO :	MIAMI FL	33161							E-4.5 - 41.400			
•						83						
						84	City			FI	85 Zip	Code
office or re agent. I an SIGNATURE	egistered ag m familiar w	gent, or both, in the State of ith, and accept the obligat	of Flori ions c	ida. Such change was of, Section 607.0505, Fi	authorizo orida Sta	ed by itutes	the corps	poration	ation submits this statement for the 's board of directors. I hereby acc	ept the ap	of changing i opointment as	its registered registered
	Signature, typed	dor printed name of registered agen			<u>-</u> -		or signature	required	when reinstating)	DATE	UD DIDECTOI	DC IN 10
12.		OFFICERS AND	DIRE	CTORS DELETE	13.		 1	0/	ADDITIONS/CHANGES TO OFF	ICERS AP	Change	Addition
TITLE	D	ADE 10181 A		- Otter	1.1 7			P/	V/S		CT change	P_PAddition
NAME		GBE, JOHN O				IAME						
STREET ADDRESS		125TH ST STE 308					ADDRESS					
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NAME					2.21							
STREET ADDRESS							ADORESS					
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STREET ADDRESS												
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NAME						NAME						
STREET ADDRESS					•		ADDRESS					
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NAME				Line Section		NAME						/ /
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							ADDRESS S1-ZiP	1	•		4 JU//	47
CITY-ST-ZIP TITLE				DELETE		MLE	21. TLL	 			Change	Addition
NAME				Second Process		NAME			กกกกกกวว	185		
:							ADDRESS		0000022 -06/20/9701	กิรสิ	015	
STREET ADDRESS									***173.75	'		
CITY+ST-ZIP	by cartify the	at the information supplied	with	this films does not avail	ify for the	e exe	emotion s	1stated in	Section 119.07(3)(i), Florida Statu	iles. I furti	ner certify that	t tho
intermetic	hotooliani a	an this applied conort or or	1000 /100	vental appual report ic.	feuro and	200	main and	d that m	y signature shall have the same lo is required by Chapter 607, Florida	cial officet	ac il mano ur	ader esin, in