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FILED
May 05 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 # P97000060224 (7)
 1. Corporation Name
SECURITY OPERATIONS GROUP, INC.



Principal Place of Business 9305 MOORINGS CIRCLE FORT MYERS FL 33912	Mailing Address 9305 MOORINGS CIRCLE FORT MYERS FL 33912
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 Suite, Apt. #, etc.	27 City & State
25	28	29	30	26	27
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CRANE, CLINTON G 9305 MOORINGS CIRCLE FORT MYERS FL 33912				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 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: Clinton G. Crane, President DATE: 04-16-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CRANE, CLINTON G
STREET ADDRESS	9305 MOORINGS CIRCLE
CITY - ST - ZIP	FORT MYERS FL 33912

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Clinton Crane
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D <input type="checkbox"/> DELETE
NAME	MATTHEWS, KAREN K
STREET ADDRESS	19326 PINE GLEN DRIVE
CITY - ST - ZIP	FT MYERS FL 33912

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V & S Karen Matthews
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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: Clinton G. Crane, President DATE: 04-16-98 (941) 466-8588

Signature, typed or printed name of signing officer or director

CR2E034 (10/97)