

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).

PROFESSIONAL
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000097034 (7)

1. Corporation Name

SIGHTS, SOUNDS & SECURITY, INC.

Principal Place of Business

1240 S. MILITARY TRAIL
W PALM BEACH FL 33415

Mailing Address

1240 S. MILITARY TRAIL
W PALM BEACH FL 33415

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FELTWELL, ANDREW J
1240 S. MILITARY TRAIL
W PALM BEACH FL 33415

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0607 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 understand why, and accept the obligation of, section 607.0605, Florida Statutes.

SIGNATURE

12. Signature of Registered Agent (Print Name)

13. Signature of Registered Agent (Print Name)

14. Signature of Registered Agent (Print Name)

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME [] DELETE

13.1 NAME

[] Change [] Addition

B
FETWELL, ANDREW J
1240 S. MILITARY TRAIL
W PALM BEACH FL 33415

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY/STATE/ZIP

13.5 NAME

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY/STATE/ZIP

13.9 NAME

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY/STATE/ZIP

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY/STATE/ZIP

13.16 NAME

13.17 STREET ADDRESS

13.18 CITY/STATE/ZIP

13.19 NAME

13.20 STREET ADDRESS

13.21 CITY/STATE/ZIP

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in section 119.07(3)(g), Florida Statutes. I further certify that the information included 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, that I am or have been 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 in an addendum with my address.

SIGNATURE:

[Signature]

[Signature]

[Signature]

[Signature]

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