

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

APPROVED AND FILED

1999 JUL 26 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000009980
 1. Corporation Name

American Institute for Public Safety, Inc.

Principal Place of Business Mailing Address
 12000 Biscayne Blvd., Suite 705
 North Miami, Florida 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 01/29/98

4. FEI Number
 65-0809288 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$8.00 May Be Added to Fees

6. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 12000 Biscayne Blvd. 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 #705 27
 City & State City & State

23 North Miami, Florida 28
 Zip Country Zip Country

24 33181 25 USA 29

9. Name and Address of Current Registered Agent

Gary R. Saslaw
 20801 Biscayne Blvd., Suite 304
 Aventura, FL 33180-1422

10. Name and Address of New Registered Agent

01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City FL 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO, Secretary, Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Howard Premer	1.2 NAME	
STREET ADDRESS	12000 Biscayne Blvd. #705	1.3 STREET ADDRESS	500002946675--7
CITY-ST-ZIP	North Miami, FL 33181 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	-07/30/99--01118--025
TITLE		2.1 TITLE	***\$550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	President, Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Gary Aleksintser	3.2 NAME	
STREET ADDRESS	5455 Wilshire Blvd., #1815	3.3 STREET ADDRESS	500002946675--7
CITY-ST-ZIP	Los Angeles, CA 90030 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	-07/30/99--01118--026
TITLE		4.1 TITLE	*****\$8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP, Treasurer, Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	Gary R. Saslaw	5.2 NAME	
STREET ADDRESS	20801 Biscayne Blvd., #304	5.3 STREET ADDRESS	
CITY-ST-ZIP	Aventura, FL 33180-1422 <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, with all other like empowered.

SIGNATURE: GARY R. SASLAW VICE PRESIDENT 7/23/99 305-682-0200
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE DAYTIME PHONE #
 Gary R. Saslaw, Vice President