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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000041469

1. Corporation Name

USA SECURITY SYSTEMS, INC.

Principal Place of Business

Mailing Address

**612 N. ORANGE AVE. #C-5
JUPITER FL 33458**

**612 N. ORANGE AVE. #C-5
JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1998

2. Principal Place of Business

2a. Mailing Address

21 1530 CYPRESS DRIVE

26 1530 CYPRESS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT F

27 UNIT F

City & State

City & State

23 JUPITER, FL

28 JUPITER, FL

Zip

Country

Zip

Country

24 33469

25 USA

29 33469

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, MARK
612 N. ORANGE AVE. #C-5
JUPITER FL 33458**

81 Name

MARK GREENE

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

1530 CYPRESS DRIVE

83

UNIT F

84 City

JUPITER

FL

85 Zip Code

33469

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARK GREENE	
STREET ADDRESS	612 N ORANGE AVE C-5	
CITY-ST-ZIP	JUPITER, FL 33458	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK GREENE	
1.3 STREET ADDRESS	612 N ORANGE AVE C-5	
1.4 CITY-ST-ZIP	JUPITER, FL 33458	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PASQUALE D'ANGELO	
2.3 STREET ADDRESS	1309 FAIRFAX CIRCLE EAST	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33462	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 02 1999

Date

Daytime Phone #

561 7471776

CR2E034 (11/98)