

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S86871 (8)

1. Corporation Name
ENSEC INC.



Principal Place of Business 751 PARK OF COMMERCE DRIVE 104 BOCA RATON FL 33487 US	Mailing Address 751 PARK OF COMMERCE DRIVE 104 BOCA RATON FL 33487-3622 US
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3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

4. FEI Number 65-0292225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINKEL, CHARLES N
 751 PARK OF COMMERCE DRIVE, #104
 PHILLIPS POINT
 BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81. Name FINKEL, CHARLES N.
82. Street Address (P.O. Box Number is Not Acceptable) 751 PARK OF COMMERCE DRIVE #104
83. City BOCA RATON
84. State FL
85. Zip Code 33487

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKEL, CHARLES N.	1.2 NAME	NORMAN, JAMES K.
STREET ADDRESS	751 PARK OF COMMERCE DRIVE, #104	1.3 STREET ADDRESS	7908 GLEN NEVIS TERRACE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEFFIN, STEVEN	2.2 NAME	FINKEL, CHARLES N.
STREET ADDRESS	628 N.E. 195TH ST.	2.3 STREET ADDRESS	751 PARK OF COMMERCE DRIVE #104
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROTTNER, DAVID J.
STREET ADDRESS		3.3 STREET ADDRESS	6540 N.W. 74TH DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	da SILVA FLAVIO R.
STREET ADDRESS		4.3 STREET ADDRESS	2215 CYPRESS ISLAND DRIVE #501
CITY-ST-ZIP		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GEFFIN, STEVEN T.
STREET ADDRESS		5.3 STREET ADDRESS	628 N.E. 195TH STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ DATE: **04/24/97** **561-997-2511**

CR2E034 (9/96)