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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

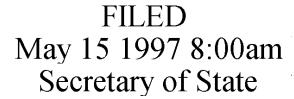
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$97757

(6)

HEALTHCARE AND INDUSTRIAL SECURITY ENGINEERING. INC.





Principal Place of Business  POST OFFICE BOX 15118  TAMPA FL 33684  US  2. Principal Place of Business	Mailing Address POST OFFICE 15118 TAMPA FL 33684 US  2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1991 4. FEI Number 59-3159091	
21   Suite, Apt #, etc. 22	Suite, Apt #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country  24 25  9. Name and Addres	Zip 29 29 so of Current Registered Agent	Country 30	This corporation has liability for Florida Statutes      Name and Address of New R	Yes No
UGO, RALPH G. 5225 EHRLICH ROAD SUITE C TAMPA FL 33624  11. Pursuant to the provisions of Section of Section (Section of Section of Section (Section of Section of Section of Section of Section of Section of Section of Sec	ons 607.0502 and 607.1508, Florida Statute in the State of Florida. Such change was a	84 City	ess (P.O. Box Number is Not Accepta	FL 85 Zip Code
agent. I am familiar with, and acce SIGNATURF Signature, typed or printed name o	pt the obligations of, Section 607.0505, Flo	rida Statutes.  Registered Agent eignature require  13.		DATE
NAME UGO, RALPH G. STREET ADDRESS CITY- ST-ZIF:  D UGO, RALPH G. 5225 EHRLICH RD.   TAMPA FL		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-SY-ZIP		Change Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	[] DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP		Change Addition
NAME STREEL ADDRESS CITY-S1-ZP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 3.4. CITY-ST-ZIP		L. Change [] Addition
TILE NAME STREET ADDRESS	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY ST-ZP TILE HAME STREET ADDRESS	☐ DELETE	51 TITLE 52 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZP TIFLE NAME STREET ADDRESS CITY-ST-ZP	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

I do nereby certry that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 of sustee 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 attack freet with an address.

SIGNATURE: