FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # V26617   **(3)**

1. Corporation Name

SECURITY TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
20423 STATE ROAD 7 SUITE 6236 BOCA RATON FL 33498	20423 STATE ROAD 7 SUITE 6236 BOCA RATON FL 33498-6747

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1992	04/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0324777	Applied For / Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
24	25	29	30	

9. Name and Address of Current Registered Agent

TUCKER, MARV E
11156 180TH COURT
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

B1	Name	TUCKER MARV
B2	Street Address (P.O. Box Number is Not Acceptable)	18499 E. COVINGTON TRACE
B3		
B4	City	BOCA RATON FL
B5	Zip Code	33498

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

		13.	ADDITIONS/CHANGES
TITLE **D** ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **TUCKER, MARV E**	1.2 NAME		
STREET ADDRESS **11156 180TH COURT SOUTH**	1.3 STREET ADDRESS		
CITY-ST-ZIP **BOCA RATON FL**	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 of 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: _____ PRES. APR. 25/97 479-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
MARV TUCKER PRES