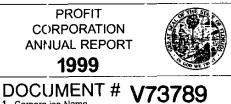
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

AMERICAN SECURITY GROUP, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90131 028 ***150.00



|--|

Principal Place of Business Mailing Address 6208 S.W. 8TH STREET 6208 S.W. 8"H STREET MIAMI FL 33144 **MIAMI FL 33144** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/23/1992 4. FEI Nu nber Appied For 2a. Mailing Address 2. Principal Place of Business 65-0366168 Not Applicable 26 21 \$8.75 Acditional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & S ate 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 1 Zip 8. This corporation owes the current year Intangible ∏No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registere 1 Agent Name and Address of Current Registered Agent 81 WIENER, JAY 82 Street Address (P.O. Box Number is Not Acceptable) 6208 S.W. 8TH STREET **MIAMI FL 33144** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its nigistered office or registered agent, or both, if the State or Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, any accept the obligations of, Section 607.0505, Fix rida Statutes. SIGNATURE (NOTE Registered Agent signature requ e of registered agent and title if applicable CR2E034 (11/98 ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.1 TITLE Change TITLE CORNELIA, NATALIE M. 12 NAME NAME 6208 S.W. 8TH STREET 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE WIENER, JAY J. 2.2 NAME NAME 6208 S.W. 8TH STREET 2.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE CORNELIA, BARBARA M. 32 NAME NAME 6208 S.W. 8TH STREET 3.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 51 TIRE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 supplied at a currate and that my signature shall have the same legal effect as if made under oath; that I ε m an officer or director of the corporation or the regelver of trustee empowered to ε xecute 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 attach next with an address, with a lother like empowered.

SIGNATURE:

CITY-ST-ZIP

OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

Davtime Phone #