


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

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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	
DOCUMENT # P 980000 47226			
1. Corporation Name SECURITY DEALERS NETWORK, INC.			
Principal Place of Business 18761 W Dixie Hwy #222 AVENTURA, FL 33180		Mailing Address P.O. Box 1120 HALLANDALE, FL 33008-1120	
2. Principal Place of Business 18761 W. Dixie Highway Suite, Apt. #, etc. #222 City & State AVENTURA FL Zip 33180		2a. Mailing Address P.O. Box 1120 Suite, Apt. #, etc. City & State HALLANDALE FL Zip 33008	
23		28	
24		30	
9. Name and Address of Current Registered Agent T. J. CLIFFORD 18761 W. Dixie Highway #222 AVENTURA, FL 33180		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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	
1.1 TITLE V.P. 1.2 NAME T. J. CLIFFORD 1.3 STREET ADDRESS 18761 W. Dixie Highway #222 1.4 CITY-ST-ZIP AVENTURA, FL 33180		1.1 TITLE V.P. 1.2 NAME T. J. CLIFFORD 1.3 STREET ADDRESS 18761 W. Dixie Hwy #222 1.4 CITY-ST-ZIP AVENTURA, FL 33180	
2.1 TITLE PRESIDENT 2.2 NAME ROBERT ROSS 2.3 STREET ADDRESS 18761 W. Dixie Hwy #222 2.4 CITY-ST-ZIP AVENTURA, FL 33180		2.1 TITLE PRES. 2.2 NAME ROBERT ROSS 2.3 STREET ADDRESS 18761 W Dixie Hwy #222 2.4 CITY-ST-ZIP AVENTURA, FL 33180	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 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:

ROBERT ROSS Pres. 4/16/99 301-949-3320
Date Daytime Phone #

CR2E034 (11/98)