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**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 513595 (9)
1. Corporation Name
WELLS FARGO GUARD SERVICE INC. OF FLORIDA



Principal Place of Business
**5601 CORPORATE WAY
SUITE 310
WEST PALM BEACH FL 33407
US**

Mailing Address
**200 S MICHIGAN AVE
CHICAGO IL 60604-2402
US**

3. Date Incorporated or Qualified 09/17/1976	3a. Date of Last Report 05/02/1996
4. FEI Number 22-2128957	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1506, 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AUGUSTINE, J P	
STREET ADDRESS	1633 LITTLETON RD	
CITY, ST, ZIP	PARSIPPANY NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLIGH, DIANA W	
STREET ADDRESS	3200 S. MICHIGAN AVE.	
CITY, ST, ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JOHN D.	
STREET ADDRESS	200 S. MICHIGAN AVE.	
CITY, ST, ZIP	CHICAGO IL 60604	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VELDMAN, SCOTT R	
STREET ADDRESS	200 S MICHIGAN AVE	
CITY, ST, ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOOD, TIMOTHY W	
STREET ADDRESS	200 S. MICHIGAN AVE.	
CITY, ST, ZIP	CHICAGO IL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HALL, J P, JR	
STREET ADDRESS	425 ORANGE AVE.	
CITY, ST, ZIP	GREEN COVE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	COOPER, BRIAN S.
4.4 CITY - ST - ZIP	200 S. MICHIGAN AVE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Diana W. Bligh* **Diana W. Bligh** **3/31/97** **312 322-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)