

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000082295 (5)

1. Corporation Name

ATOP SECURITY, INC.

Principal Place of Business

100 E LINTON BLVD  
SUITE 302A  
DELRAY BEACH FL 33483

Mailing Address

100 E LINTON BLVD  
SUITE 302A  
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1993

4. FEI Number

65-0457423

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 100 E. LINTON BLVD

Suite, Apt. #, etc.

22 SUITE 201B

City & State

23 DELRAY BEACH, FL.

Zip

24 33483

Country

25 PALM BEACH

2a. Mailing Address

26 100 E. LINTON BLVD

Suite, Apt. #, etc.

27 SUITE 201B

City & State

28 DELRAY BEACH, FL.

Zip

29 33483

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

JUDGE, PATRICIA A  
1555 PALM BEACH LAKES BLVD  
SUITE 1600  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JUDGE, THOMAS P SR.  
STREET ADDRESS 100 E LINTON BLVD SUITE 302A 201B  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE V ☐ DELETE

NAME JUDGE, THOMAS P JR.  
STREET ADDRESS 100 E LINTON BLVD SUITE 302A 201B  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE S ☐ DELETE

NAME JUDGE, BETTY  
STREET ADDRESS 100 E LINTON BLVD SUITE 302A 201B  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE T ☐ DELETE

NAME FALASZ, SUSAN  
STREET ADDRESS 100 E LINTON BLVD SUITE 302A 201B  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 100 E. LINTON BLVD SUITE 201B  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 100 E. LINTON BLVD SUITE 201B  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 100 E. LINTON BLVD SUITE 201B  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 100 E. LINTON BLVD SUITE 201B  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 100 E. LINTON BLVD SUITE 201B  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E034 (10/97)