

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 JUN -1 1995

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

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0457423

Applied For
 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

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 *Patricia A. Judge*

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JUDGE, THOMAS P SR.
STREET ADDRESS	100 E LINTON BLVD SUITE 302A
CITY, ST, ZIP	DELRAY BEACH FL 33483
TITLE	V
NAME	JUDGE, THOMAS P JR.
STREET ADDRESS	100 E LINTON BLVD SUITE 302A
CITY, ST, ZIP	DELRAY BEACH FL 33483
TITLE	S
NAME	JUDGE, BETTY
STREET ADDRESS	100 E LINTON BLVD SUITE 302A
CITY, ST, ZIP	DELRAY BEACH FL 33483
TITLE	T
NAME	FALASZ, SUSAN
STREET ADDRESS	100 E LINTON BLVD SUITE 302A
CITY, ST, ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Susan Falasz* *Treas.*
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

5/20/95 (407) 243-3162
DATE TELEPHONE NO.