

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837959 (6)

1. Corporation Name
PROTECTION SERVICES INC.

Principal Place of Business 635 LUCKNOW ROAD HARRISBURG PA 17110	Mailing Address 635 LUCKNOW ROAD HARRISBURG PA 17110-1635
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1977	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-2001976		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	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 _____ (Type, print or print 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	
TITLE	AS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINORI, THOMAS M.	12 NAME	
STREET ADDRESS	635 LUCKWOOD RD	13 STREET ADDRESS	
CITY- ST- ZIP	HARRISBURG PA	14 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZINGER, LEWIS T	22 NAME	
STREET ADDRESS	635 LUCKNOW RD	23 STREET ADDRESS	
CITY- ST- ZIP	HARRISBURG, PA 00000	24 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNMIRE, C C JR	32 NAME	
STREET ADDRESS	635 LUCKNOW RD	33 STREET ADDRESS	
CITY- ST- ZIP	HARRISBURG PA	34 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STABLER, DONALD B	42 NAME	
STREET ADDRESS	635 LUCKNOW RD	43 STREET ADDRESS	
CITY- ST- ZIP	HARRISBURG PA	44 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ, RICHARD N	52 NAME	
STREET ADDRESS	635 LUCKNOW RD	53 STREET ADDRESS	
CITY- ST- ZIP	HARRISBURG PA	54 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKO, DOUGLAS B	62 NAME	
STREET ADDRESS	635 LUCKNOW RD	63 STREET ADDRESS	
CITY- ST- ZIP	HARRISBURG PA	64 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498349

CR2E034 (9/96)