FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT

Sandra B. Morth

STATE

Secretary of Sta

DIVISION OF CORPOR

POCUMENT # P93000082295 (5)

ATOP SECURITY, INC.

Principal	Place	of	Business
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100 E LINTON BLVD

Mailing Address

100 E LINTON BLVD

FILED Apr 30 1997 8:00am Secretary of State



SUITE SUZA DELRAY BEACH &	FL 5 3483	DELRAY BEA	NCH FL 33483	-3338					
				J		 Date Incorporated or Qualified 12/02/1993 	3a. Date o 05/01/		eport
2. Principal Plac	e of Business	28. Mailing	Address			4. FEI Number		Ap	plied For
21		26				65-0457423		No	t Applicable
Sulte, Apt. #,	etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional equired
City & State		City & St	tate			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
Zip	Country	Zφ		Count	ry	8. This corporation has liability for in			
24	25	29		30			Yes X N		100.001.
	9. Name and Address of Current	Registered Ag	ent			10. Name and Address of New Reg	istered Age	nt	
JUDGE	, PATRICIA A			8	1 Name				,
1555 F	PALM BEACH LAKES BLVD			8.	2 Street A	ddress (P.O. Box Number is Not Acceptable	lo)		
SUITE									
WEST	PALM BEACH FL 33401			В	3				
				В	4 City		FL B	5 Zip (Code
11. Pursuant to 1	he provisions of Sections 607.0502	and 607,1508,	Florida Statut	es, the abo	 ve-named c	corporation submits this statement for the pr		naina it	s registered
office or regi	stered agent, or both, in the State of amiliar with, and accept the obligation	f Florida, Such o	change was a	authorized (by the corp	corporation submits this statement for the progration's board of directors. I hereby accep	t the appointr	nent as	registered
SIGNATURE _	william with and decept the oblight	0.13 01, 0000107	007.0000, TR	ondia orange					
SIGNATURE	nature, typod or printed name of registered agent	and title if applicable	(NOI	Ε Registered A	gool signature r	equired when reinstating)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICE			
TITLE		L	DELETE	1.1 TITLE				Change	Addition
	JUDGE, THOMAS P SR.			1.2 NAMI					
	100 E LINTON BLVD SUITE 302	A		1.3 STRE	F1 ADDRESS				
	DELRAY BEACH FL 33483		7.22.22	1.4 CITY					
TITLE \	/ !!!DOF T!!O\440 D !O	L	DELETE	2 1 1 ITLE				Change	Addition
	JUDGE, THOMAS P JR.			22 NAM					
	100 E LINTON BLVD SUITE 302	A			ET ADDRESS				
CITY-ST-ZIP C	DELRAY BEACH FL 33483		DELETE	2 4 CITY				06	T Addition
) Iudge, Betty	L	_] VELETE	3 1 1171.				Change	☐ Addition
	100 E LINTON BLVD SUITE 302	A		3.2 NAMI					
	DELRAY BEACH FL 33483	^			ET ADDRESS				
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELFTE	3.4. CITY 4.1 TITLE				Change	Addition
	ALASZ, SUSAN	_		4.2 NAM				o nango	Find Foundation
	100 E LINTON BLVD SUITE 302	A			ET ADDRESS				
	DELRAY BEACH FL 33483	•		4.4 City					
TITLE			DELETE	511111				Change	Addition
NAME		_		5.2 NAME			_		
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				5.4 CITY					
TITLE			DELETE	6.1 THLE				Change	☐ Addition
NAME				6.2 NAMI	:		_	-	
STREET ADDRESS				6.3 STRE	ET ADDRESS				
CITY-ST-ZIP				6.4 City					

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 shalf 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.