

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 E. LINTON BLVD Suite, Apt. #, etc. SUITE 201B City & State DELRAY BEACH, FL. Zip 33483 Country PALM BEACH	2a. Mailing Address 26 100 E. LINTON BLVD Suite, Apt. #, etc. SUITE 201B City & State DELRAY BEACH, FL. Zip 33483 Country PALM BEACH
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3. Date Incorporated or Qualified 12/02/1993	4. FEI Number 65-0457423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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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 _____ DATE **5/1/98**
Signature, typed or printed name of registered agent or title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, THOMAS P SR.	1.2 NAME	
STREET ADDRESS	100 E LINTON BLVD SUITE 302A 201B	1.3 STREET ADDRESS	100 E. LINTON BLVD SUITE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, THOMAS P JR.	2.2 NAME	
STREET ADDRESS	100 E LINTON BLVD SUITE 302A 201B	2.3 STREET ADDRESS	100 E. LINTON BLVD SUITE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, BETTY	3.2 NAME	
STREET ADDRESS	100 E LINTON BLVD SUITE 302A 201B	3.3 STREET ADDRESS	100 E. LINTON BLVD SUITE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALASZ, SUSAN	4.2 NAME	
STREET ADDRESS	100 E LINTON BLVD SUITE 302A 201B	4.3 STREET ADDRESS	100 E. LINTON BLVD SUITE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)

SUSAN FALASZ, TEGAS 5/1/98 5614 342-3112