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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000082295

1. Corporation Name
ATOP SECURITY, INC.



Principal Place of Business
100 E LINTON BLVD
STE 201B
DELRAY BCH FL 33483
US

Mailing Address
100 E LINTON BLVD
STE 201B
BELRAY BCH FL 33483
US

DO NOT WRITE IN THIS SPACE

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 USA

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 USA

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 the current year Intangible Personal Property Tax. Yes 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

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 **4/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	JUDGE, THOMAS P SR.
STREET ADDRESS	100 E LINTON BLVD, STE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	V <input type="checkbox"/> DELETE
NAME	JUDGE, THOMAS P JR.
STREET ADDRESS	100 E LINTON BLVD, STE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	S <input type="checkbox"/> DELETE
NAME	JUDGE, BETTY
STREET ADDRESS	100 E LINTON BLVD, STE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	T <input type="checkbox"/> DELETE
NAME	FALASZ, SUSAN
STREET ADDRESS	100 E LINTON BLVD, STE 201B
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 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, with all other like empowered.

SIGNATURE: **Susan Falasz, Treas.** **4/26/99** **561-243-3162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)