

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000000558 (3)
 1. Corporation Name
GARRISON PROTECTIVE SERVICES OF FLORIDA, INC.



Principal Place of Business: **210 W. ROGUES PATH COLD SPRINGS HILLS NY 11743**
 Mailing Address: **210 W. ROGUES PATH COLD SPRINGS HILLS NY 11743**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
02/03/1997

4. FEI Number
11-3339787 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ROSENBERG, GERALD
3767 LAKE WORTH RD., #104A
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent
 81 Name
Jeremiah B. Chilton
 82 Street Address (P.O. Box Number is Not Acceptable)
1451 Brickell Ave
 83 Suite 600
 84 City
Miami FL 85 Zip Code
33131

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Jeremiah B Chilton* **Jeremiah B Chilton** **April 20, 1998**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TENREIRO, DONNA	
STREET ADDRESS	4343 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHILTON, JEREMIAH B	
STREET ADDRESS	4343 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	HUBERT, FRANK	
STREET ADDRESS	4343 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33134	
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chilton, Jeremiah B.
2.3 STREET ADDRESS	1451 Brickell Ave., Suite 600
2.4 CITY-ST-ZIP	Miami FL 33131
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, on an attachment with an address.

SIGNATURE *Frank H Hubert* **Frank Hubert** **4/20/98** **MI 33134**

CR2E034 (10/97)