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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 # F98000000876

1. Corporation Name
ASAP SECURITY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6040 SW 37TH
TOPEKA KS 66614

Mailing Address
6040 SW 37TH
TOPEKA KS 66614

3. Date Incorporated or Qualified
02/12/1998

2. Principal Place of Business
21 9150 ROYAL LANE
Suite, Apt. #, etc.
22 SUITE 140
City & State
23 IRVING, TEXAS
Zip Country
24 75063 25 USA

2a. Mailing Address
26 9150 ROYAL LANE
Suite, Apt. #, etc.
27 SUITE 140
City & State
28 IRVING, TEXAS
Zip Country
29 75063 30 USA

4. FEI Number
75-2745017

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
OROZCO, JUAN
916 WILD CHERRY CT.
HEATHROW FL 32746

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 JUAN OROZCO, V.P., DIRECTOR 4-30-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDC
PFAFF, BRUCE
6904 MEADE DR.
COLLEYVILLE TX 76034

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
WALKER, GARY
2210 STONEBROOK DR.
CARROLLTON TX 75007

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TONGISH, JOE
6040 SW 37TH
TOPEKA KS 66614

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
OROZCO, JUAN
916 WILD CHERRY CT.
HEATHROW FL 32746

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V, D
215 CIMARRON TRAIL #2
IRVING, TEXAS, 75063

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V, D

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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: GARY WALKER 4-30-99 912-929-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)