

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **G72228** (1)

1. Corporation Name

ADVANCED PROTECTION TECHNOLOGIES, INC.

Principal Place of Business

% R. THOMAS CHAPMAN, JR.
14088 ICOT BLVD.
CLEARWATER FL 34620

Mailing Address

% R. THOMAS CHAPMAN, JR.
14088 ICOT BLVD.
CLEARWATER FL 34620-3701



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 14550 58 TH ST. NORTH		26 14550 58 TH ST. NORTH		11/30/1983	03/28/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2370604	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CLEARWATER, FL		28 CLEARWATER, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 34620	25 USA	29 34620	30 USA	<input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CHAPMAN, R. THOMAS, JR. 14088 ICOT BLVD. CLEARWATER FL 34620				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CHANGE of
Address only →

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHAPMAN, R. THOMAS, JR. 14088 ICOT BLVD. CLEARWATER FL 34620		81 Name CHAPMAN, R. THOMAS, JR.	
		82 Street Address (P.O. Box Number is Not Acceptable) 14550 58 TH STREET NORTH	
		83	
		84 City CLEARWATER FL 85 Zip Code 34620	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	SAME
NAME	CHAPMAN JR, R THOMAS	1.2 NAME	SAME
STREET ADDRESS	14088 ICOT BLVD.	1.3 STREET ADDRESS	14550 58 TH STREET NORTH
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	CLEARWATER, FL 34620
TITLE	DVS	2.1 TITLE	SAME
NAME	MALONE, MIKE	2.2 NAME	SAME
STREET ADDRESS	14088 ICOT BLVD.	2.3 STREET ADDRESS	14550 58 TH STREET NORTH
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	CLEARWATER, FL 34620
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE: Mike Malone MIKE MALONE 1/17/97 813-535-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)