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

PROFIT CORPORATION ~~ANNUAL REPORT~~ Reinstatement

**1997**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 27 PM 12:40

urntn 10/28

DOCUMENT # **J56071** **(0)**

1. Corporation Name
**MCROBERTS PROTECTIVE AGENCY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4410 NORTH STATE ROAD 7<br>LAUDERDALE LAKES FL 33319 | 4410 NORTH STATE ROAD 7<br>LAUDERDALE LAKES FL 33319-5681 |

3. Date Incorporated or Qualified: 02/05/1987
3a. Date of Last Report: 09/04/1996

2. Principal Place of Business
21: 3317 N.W. 10TH Terrace
22 Suite, Apt. #, etc.: 405
28 City & State: Oakland Park, Fl
24 Zip: 33309
25 Country:

2a. Mailing Address
26: 3317 NW 10th Terr
27 Suite, Apt. #, etc.: 405
28 City & State: OAKLAND PARK, FL
29 Zip: 3330N
30 Country:

4. FEI Number: 13-5240158 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MATOS, JULIAD S~~
4410 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name: Julia Matos
82 Street Address (P.O. Box Number is Not Acceptable): 3317 N.W. 10th Terrace, Suite 405
83:
84 City: Oakland Park, FL 85 Zip Code: 33309

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: X Julia Matos
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCROBERTS, MEREDITH | | 1.2 NAME | | |
| STREET ADDRESS | 64 LOCUST LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OYSTER BAY NY 11771 | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHASEN, WILLIAM D | | 2.2 NAME | 200002332592--9 | |
| STREET ADDRESS | 13 LAKESIDE DR. | | 2.3 STREET ADDRESS | -10/29/97--01077--003 | |
| CITY-ST-ZIP | MATAWAN NJ 07747 | | 2.4 CITY-ST-ZIP | ****750.00 | ****750.00 |
| TITLE | V | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KELLY, BRIAN T | | 3.2 NAME | | |
| STREET ADDRESS | SCARBOROUGH MANOR #3H-2 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SCARBOROUGH NY 10510 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TS | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | LUTZ, MICHAEL G | | 4.2 NAME | | |
| STREET ADDRESS | 922 GRASSMERE AVENUE | | 4.3 STREET ADDRESS | 34 The Arborway | |
| CITY-ST-ZIP | WANAMASSA NJ 07712 | | 4.4 CITY-ST-ZIP | Ocean, NJ 07712 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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: [illegible] TITLE [illegible] DATE 10/28/97