FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]n
Secretary of St[illegible]
DIVISION OF CORPORATIONS

2-22-96B-1416-C

DOCUMENT # **K77675** **(2)**

1. Corporation Name

AEGIS PROTECTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
5719 N ANDREWS WAY FT. LAUDERDALE FL 33309-2364 US	5719 N ANDREWS WAY FT. LAUDERDALE FL 33309-2364 US

3. Date Incorporated or Qualified: **03/29/1989**
3a. Date of Last Report: **03/30/1995**

4. FEI Number: **65-0107703** ☐ 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

	2. Principal Place of Business	2a. Mailing Address
21	1640 W. OAKLAND PARK BLVD	1640 W. OAKLAND PARK BLVD
22 Suite, Apt. #, etc.	SUITE 404	SUITE 404
23 City & State	FT. LAUDERDALE, FL	FT. LAUDERDALE, FL
24 Zip / 25 Country	33311	33311 / 30 Country

9. Name and Address of Current Registered Agent

JAWORSKI, PAUL W.
5719 N ANDREWS WAY
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1640 W. OAKLAND PARK BLVD.
83: SUITE 404
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33311

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: PAUL W. JAWORSKI, PRESIDENT DATE: 1/19/96
(NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	☐ DELETE	1.1 TITLE: C/D	☐ Change ☐ Addition
NAME: VANDAL, MICHAEL P.		1.2 NAME	
STREET ADDRESS: 1016 SE 2ND CT #4		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE: P	☐ DELETE	2.1 TITLE: P/D	☐ Change ☐ Addition
NAME: JAWORSKI, PAUL W.		2.2 NAME	
STREET ADDRESS: 1016 SE 2 CT S1		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE: VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: VANDAL, LEO P.		3.2 NAME	
STREET ADDRESS: 5719 N. ANDREWS WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP: FT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE: VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: ZECCARDI, DONALD S.		4.2 NAME	
STREET ADDRESS: 1024 SW 2ND ST #B		4.3 STREET ADDRESS	
CITY-ST-ZIP: HALLANDALE FL		4.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael P. Vandal — 1/19/96 — 954-733-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL P. VANDAL

CR2E034 (12/95)