FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 19 1997 8:00am
Secretary of State

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

1. Corporation Name
AEGIS PROTECTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
1640 WEST OAKLAND PARK BLVD SUITE 404 FT. LAUDERDALE FL 33311 US	1640 WEST OAKLAND PARK BLVD SUITE 404 FT. LAUDERDALE FL 33311-1527 US

3. Date Incorporated or Qualified: **03/29/1989** | 3a. Date of Last Report: **02/22/1996**

2. Principal Place of Business — 21: | 2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22: | Suite, Apt. #, etc. — 27:

City & State — 23: | City & State — 28:

Zip — 24: | Country — 25: | Zip — 29: | Country — 30:

4. FEI Number: **65-0107703** ☐ Applied ☐ Not App

5. Certificate of Status Desired ☐ **$8.75** Additic Fee Require

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Added to Fe

8. This corporation has liability for intangible tax under s. 199. Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

JAWORSKI, PAUL W.
1640 WEST OAKLAND PARK BLVD
SUITE 404
FT. LAUDERDALE FL 33311

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 reg 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 regis 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD VANDAL, MICHAEL P. 1016 SE 2ND CT #4 FT. LAUDERDALE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAWORSKI, PAUL W. 1016 SE 2 CT S1 FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change 2700 NW 7 AVENUE WILTON MANORS, FL 33311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VANDAL, LEO P. 5719 N. ANDREWS WAY FT LAUDERDALE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP/D ☒ Change 1640 W. OAKLAND PARK BLVD #404 FT. LAUDERDALE, FL 33311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZECCARDI, DONALD S. 1024 SW 2ND ST #B HALLANDALE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change 5/19
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change 400002198134 -06/02/97--01115--036 ***165.00

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 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 nam appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ PAUL W. JAWORSKI 01/03/97 954 733-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020012