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

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**AEGIS PROTECTIVE SERVICES, INC.** 

Mailing Address

## **FILED** Jan 20 1998 8:00am Secretary of State



| 1640 WEST OAKLAND PARK BLVD<br>SUITE 404<br>FT. LAUDERDALF. FL 33311<br>US                               |                                       |   |                     | 1640 WEST OAKLAND PARK BLVD<br>SUITE 404<br>FT. LAUDERDALE FL 33311<br>US |            |                     |  |                                | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/29/1989 |  |                           |                            |                                |  |
|--|---------------------------------------|---|---------------------|---|------------|---------------------|--|--------------------------------|---|--|---------------------------|----------------------------|--------------------------------|--|
| 2. Principal P   | lace of Business                      | 2s. M.  | 2s. Mailing Address |   |            |                     |  | El Number                      |   |  |                           | Applied For                |                                |  |
| 21   |                                       |   |                     | 26  |            |                     |  |                                | 65-010770   | 13   |                           | <del></del>                | ot Applicable                  |  |
| Suite, Apt. #, etc.  |                                       |   |                     | Suite, Apt. #, etc.   |            |                     |  |                                |   |  |                           |                            | Additional                     |  |
| 22 27  |                                       |   |                     | 7   |            |                     |  | 5. C                           | ertificate of Sta   | itus Dosired   |                           |                            | Required                       |  |
| City & State   |                                       |   |                     | City & State  |            |                     |  | 6. EI                          | ection Campai   | ign Financin   | g                         | \$5.00                     | ) Мау Ве                       |  |
|  |                                       |   |                     | 28  |            |                     |  | Tr                             | ust Fund Cont   | ribution   |                           |                            | to Fees                        |  |
| Zip  | Country                               |   |                     | Zip Cou   |            |                     | ntry   |                                | nis corporation   | owes or has  | s paid the                | current year Ir            | ntangible                      |  |
| 24 25 29   |                                       |   |                     |   | 30         |                     |  |                                | Personal Properly Tax due June 30. 🔀 Yes 🗌 No                             |  |                           |                            |                                |  |
| Name and Address of Current Registered Agent   |                                       |   |                     |   |            |                     | 10. Name and Address of New Registered Agent       |                                |   |  |                           |                            |                                |  |
| JAWORSKI, PAUL W   |                                       |   |                     |   |            | ٥١                  | Name   |                                |   |  |                           |                            | Į                              |  |
| 1640 WEST OAKLAND PARK BLVD  |                                       |   |                     |   |            | 82                  | Street Address (P.O. Box Number is Not Acceptable) |                                |   |  |                           |                            |                                |  |
| SUITE 404  |                                       |   |                     |   |            |                     |  |                                |   |  |                           | ····                       |                                |  |
| FT. LAUDERDALE FL 33311  |                                       |   |                     |   |            | 83                  |  |                                |   |  |                           |                            |                                |  |
|  |                                       |   |                     |   |            | 64                  | ,  |                                |   |  | F                         | 'L. !   `                  | Code                           |  |
| յ ՕԾՈՐԹՈՐ Մ  | edisteran adeni. A                    | f Sections 607,0502<br>r both, in the State of<br>d accopt the obliga | ar Florida '        | Such change was t   | outhorizo. | d bu                | itha caraa   | corporation s<br>oration's boa | ubmits this sta<br>and of directors                                       | tement for the formal temperature to the temperatur | he purpose<br>ccept the a | of changing appointment as | its registered<br>s registered |  |
|  | arriar trans, arr                     | a accept the obliga   | 110113 01, 00       | C0001 007.0003, 1 10  | mua siai   | uies                | <b>&gt;</b> .                                      |                                |   |  |                           |                            |                                |  |
| SIGNATURE Signature, typicd or printed name of registered agent and title if applicable (NO11, Registere |                                       |   |                     |   |            |                     |  | required when rein             | nstating)   |  | DATE                      |                            |                                |  |
| 12.  | OFFICERS AND DIRECTORS                |   |                     |   |            | 13.                 |  | ADI                            | DITIONS/CHAI  | NGES TO OI   | FFICERS A                 | ND DIRECTO                 | RS IN 12                       |  |
| TITLE  | PD                                    |   |                     | ☐ DELETE  | 1.1 111    | LΕ                  |  |                                |   |  |                           | Change                     | Addition                       |  |
| NAME   | JAWORSKI, F                           |   | 1.2 N               |   | .2 NAME    |                     |  |                                |   |  |                           |                            |                                |  |
| STREET ADDRESS 2700 NW 7 AVENUE  |                                       |   |                     |   | 1.3 STREET |                     | ADDRESS  |                                |   |  |                           |                            |                                |  |
| CITY+ST-ZIP  | WILTON MAN                            |   |                     |   |            | 1.4 CITY - ST - ZIP |  |                                |   |  |                           |                            |                                |  |
| TITLE  | VPD                                   |   |                     | DELETE  | 2.1 []]    | LΕ                  |  |                                |   |  |                           | Change                     | Addition                       |  |
| NAME   |                                       |   |                     |   | 2 2 NAME   |                     |  |                                |   |  |                           |                            |                                |  |
| STREET ADDRESS 1640 WEST OAKLAND PARK BLVD   |                                       |   |                     | #404 2.3 \$   |            |                     | 2.3 STREET ADDRESS                                 |                                |   |  |                           |                            | ı                              |  |
| CITY-ST-ZIP FT. LAUDERDALE FL 33311  |                                       |   |                     |   | 2. 4 CI    |                     | T-ZIP  |                                |   |  |                           |                            |                                |  |
| TITLE  | VP .                                  |   |                     | ☐ DELFTE  | 3.1 TII    | LE                  |  |                                |   |  |                           | <b>X X</b> Change          | Addition                       |  |
| NAME   | · · · · · · · · · · · · · · · · · · · |   |                     |   |            | ME                  |  |                                | _   |  |                           |                            |                                |  |
| STREET ADDRESS 1024 SW 2ND ST #B   |                                       |   |                     |   | 3.3 STA    |                     |  |                                | 7 S.W. 2  |  |                           |                            | ļ                              |  |
| CITY-ST-ZIP  | HALLANDALE FL                         |   |                     |   |            | _                   | 1- ZIP   | Hal                            | landale   | , FL 33  | 5009                      |                            |                                |  |
| TITLE  |                                       |   |                     | DELETE  | 4.1 711    | LE                  |  |                                |   |  |                           | Change                     | Addition                       |  |
| NAME   |                                       |   |                     |   | 4. 2 N/    | Mf                  |  |                                |   |  |                           |                            |                                |  |
| STREET ADDRESS   |                                       |   |                     |   | 4.3 STI    | REET                | ADDRESS  |                                |   |  |                           |                            |                                |  |
| CITY - ST - ZIP  |                                       |   |                     |   | 44 CH      |                     | I - ZIP  |                                |   |  |                           |                            |                                |  |
| TITLE  |                                       |   |                     | ☐ DELETE  | 5 1 TH     |                     | ŀ  |                                |   |  |                           | Change                     | Addition                       |  |
| NAME   |                                       |   |                     |   | 5 2 NA     |                     |  |                                |   |  |                           |                            |                                |  |
| STREET ADDRESS   |                                       |   |                     |   |            |                     | ADDRESS  |                                |   |  |                           |                            | İ                              |  |
| CITY-ST-7IP  |                                       |   |                     | DECESE  | 5.4 CIT    |                     | 1-ZIP  |                                |   |  |                           | ·                          |                                |  |
| TITLE  |                                       |   |                     | DELETÉ  | 6.1 TIT    |                     |  |                                |   |  |                           | Change                     | Addition                       |  |
| NAME   |                                       |   |                     |   | 6.2 NA     |                     |  |                                |   |  |                           |                            |                                |  |
| STREET ADDRESS   |                                       |   |                     |   |            |                     | ADDRESS  |                                |   |  |                           |                            |                                |  |
| CITY-ST-ZIP  |                                       |   |                     |   | 6.4 CIT    | Y-ST                | - ZIP  |                                |   |  |                           |                            |                                |  |

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 logal offect 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.

President

President