

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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M96480 (2)**  
 1. Corporation Name  
**AMERICAN PERIMETER SECURITY, INC.**



Principal Place of Business <b>2803 BERGERFIELD COURT ORLANDO FL 32835</b>	Mailing Address <b>P.O. BOX 618458 ORLANDO FL 32861-8458</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/30/1988</b>	
21 <b>7210 WESTPOINTE BLVD</b>	26	4. FEI Number <b>59-2853491</b>		Applied For Not Applicable	
Suite, Apt. #, etc. 22 <b># 1311</b>	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>ORLANDO FL.</b>	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>32861</b>	Country 25 <b>USA</b>	29		30	
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>WARTKO, DREW</b> <b>7210 WESTPOINTE BLVD.</b> <b>#1311</b> <b>ORLANDO FL 32835</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARTKO, DREW</b>	1.2 NAME	
STREET ADDRESS	<b>7210 WESTPOINTE BLVD. #1311</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32861-3458</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEXLEY, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1719 E. FOWLER AVE., STE. 129</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 32612</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARTKO, ANDREW</b>	3.2 NAME	
STREET ADDRESS	<b>7210 WESTPOINTE BLVD. #1311</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARTKO, ANDREW</b>	4.2 NAME	
STREET ADDRESS	<b>7210 WESTPOINTE BLVD. #1311</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  **3/2/98** 407 290 5310

CP2E034 (10/97)