

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

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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P14588 (8)

1. Corporation Name
AMERICAN PROTECTIVE SERVICES, INC.

Principal Place of Business
7770 PARDEE LANE
OAKLAND CA 94621

Mailing Address
7770 PARDEE LANE
OAKLAND CA 94621-1424



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1987		3a. Date of Last Report 05/20/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 94-1366324		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81. Name							
82. Street Address (P.O. Box Number is Not Acceptable)							
83.							
84. City				85. FL		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	CSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, THOMAS W.	1.2 NAME	
STREET ADDRESS	7770 PARDEE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLOMGREN, RONALD A	2.2 NAME	
STREET ADDRESS	7770 PARDEE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN, DWIGHT S.	3.2 NAME	
STREET ADDRESS	7770 PARDEE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, RODGER E.	4.2 NAME	
STREET ADDRESS	7770 PARDEE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTAK, THOMAS A.	5.2 NAME	
STREET ADDRESS	7770 PARDEE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	5.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKSEN, LAURENCE C	6.2 NAME	
STREET ADDRESS	7770 PARDEE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND CA	6.4 CITY - ST - ZIP	

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, on an attachment with an address.

SIGNATURE: Laurence C. Rickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/97 (510) 568-0276

CR2E034 (9/96)