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May 14 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 # P35908 (3)

1. Corporation Name
ASSET PROTECTION TEAM, INC.



Principal Place of Business: 10467 WHITE GRANITE DRIVE, SUITE 210 OAKTON VA 22124
Mailing Address: 10467 WHITE GRANITE DRIVE, SUITE 210 OAKTON VA 22124-2700

3. Date Incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 06/24/1996
4. FEI Number: 54-1304807
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VANCE, CHARLES F	
STREET ADDRESS	10467 WHITE GRANITE DR	
CITY - ST - ZIP	OAKTON VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEAFE, LARRY	
STREET ADDRESS	10467 WHITE GRANITE DR	
CITY - ST - ZIP	OAKTON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID P.	
STREET ADDRESS	10467 WHITE GRANITE DR.	
CITY - ST - ZIP	OAKTON VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POLLARD, JOEL H	
STREET ADDRESS	10467 WHITE GRANITE DR STE 210	
CITY - ST - ZIP	OAKTON VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEPPARD, GARY O	
STREET ADDRESS	10467 WHITE GRANITE DR., #210	
CITY - ST - ZIP	OAKTON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Brent Wagner	
6.3 STREET ADDRESS	10467 White Granite Dr # 210	
6.4 CITY - ST - ZIP	Oakton VA 22124	

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, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED *[Signature]* P. S. Bakrens 4/29/97 (703) 385-6754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)