

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P92000005223 (2)

1. Corporation Name

ELITE PROTECTION SERVICES, INC.

Principal Place of Business

Mailing Address

355 N.E. 5TH AVE.  
DELRAY BEACH FL

355 N.E. 5TH AVE.  
DELRAY BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/17/1992

3a. Date of Last Report  
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 220 Congress Park Drive

26 220 Congress Park Drive

65-0421506

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 Suite 301

27 Suite 301

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

23 Delray Beach, FL

28 Delray Beach, FL

Zip

Country

Zip

Country

24 33445

25 Palm

29 33445

30 Palm

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINERLEY KENNETH  
2101 CORPORATE BLVD NW #400  
BOCA RATON FL 33431

B1 Name  
Hamil, John  
B2 Street Address (P.O. Box Number is Not Acceptable)  
220 Congress Park Drive  
B3 Suite 301  
B4 City  
Delray Beach  
B5 Zip Code  
FL 33445

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 officer 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 provisions 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 re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AVP
NAME	RODGERS, THERESA D
STREET ADDRESS	355 NE 5TH AVE
CITY ST ZIP	DELRAY BEACH FL
TITLE	D
NAME	HAMIL, TAYLOR
STREET ADDRESS	355 N.E. 5TH AVE.
CITY ST ZIP	DELRAY BEACH FL
TITLE	D
NAME	HAMIL, JOHN J IV
STREET ADDRESS	355 N.E. 5TH AVE.
CITY ST ZIP	DELRAY BEACH FL
TITLE	VP
NAME	FOX TIMOTHY A
STREET ADDRESS	355 NE 5TH AVE
CITY ST ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Hamil, Nadine	
13 STREET ADDRESS	220 Congress Park Drive	
14 CITY ST ZIP	Delray Beach, FL 33445	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hamil, Taylor	
23 STREET ADDRESS	220 Congress Park Drive	
24 CITY ST ZIP	Delray Beach, FL 33445	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hamil, John, J.	
33 STREET ADDRESS	220 Congress Park Drive	
34 CITY ST ZIP	Delray Beach, FL 33445	
41 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Fox, Timothy	
43 STREET ADDRESS	220 Congress Park Drive	
44 CITY ST ZIP	Delray Beach, FL 33445	
51 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Hamil, Lois	
53 STREET ADDRESS	220 Congress Park Drive	
54 CITY ST ZIP	Delray Beach, FL 33445	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Hamil, John J.	
63 STREET ADDRESS	220 Congress Park Drive	
64 CITY ST ZIP	Delray Beach, FL	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/2/95

407-243-8628