

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 18 1997 8:00 am
Secretary of State

DOCUMENT # P92000005223 (2)

1. Corporation Name
ELITE PROTECTION SERVICES, INC.



Principal Place of Business
**220 CONGRESS PARK DRIVE
SUITE 301
DELRAY BEACH FL 33445
US**

Mailing Address
**220 CONGRESS PARK DRIVE
SUITE 301
DELRAY BEACH FL 33445-4805
US**

3. Date Incorporated or Qualified **11/17/1992** 3a. Date of Last Report **04/29/1996**

4. FEI Number **65-0421506** 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**

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HAMIL, JOHN
220 CONGRESS PARK DRIVE
SUITE 301
DELRAY BEACH FL 33445**

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 *John NAMIL* (NOTE: Registered Agent signature required when reinstating) DATE *1/12/97*

12. OFFICERS AND DIRECTORS

TITLE	DTS	<input type="checkbox"/> DELETE
NAME	HAMIL, NADINE	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOX TIMOTHY A	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMIL, LOIS	
STREET ADDRESS	220 CONGRESS PARK DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* (NOTE: Signature and typed or printed name of signing officer or director) Date: *1/10/97* Daytime Phone #

CR2E034 (9/96)