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Apr 17 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 # P93000039047 (4)

1. Corporation Name

ARMORED CAR SERVICES OF FLORIDA, INC.

Principal Place of Business

5121 BOWDEN ROAD
#305
JACKSONVILLE FL 32216

Mailing Address

343 PECKS ROAD
PITTSFIELD MA 01201-1320
US

3. Date Incorporated or Qualified 06/02/1993	3a. Date of Last Report 03/19/1996
4. FEI Number 59-3191058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GUIDI, DENNIS E
1837 HENDRICKS AVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Wetmiller, Martin	85 Zip Code 32804
82 Street Address (P.O. Box Number is Not Acceptable) 2317 Silver Star Road	
83	
84 City Orlando, FL	

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 607.0506, Florida Statutes.

SIGNATURE

[Signature] Resident

4/9/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PSD
NAME	REDER, GERARD S	1.2 NAME	Wetmiller, Martin
STREET ADDRESS	343 PECKS RD	1.3 STREET ADDRESS	2317 Silver Star Road
CITY-ST-ZIP	PITTSFIELD MA 01202	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE		2.1 TITLE	CTD
NAME		2.2 NAME	Reder, Gerard S.
STREET ADDRESS		2.3 STREET ADDRESS	343 Pecks Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pittsfield, MA 01201
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement to 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0804412

CR2E034 (9/96)