

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90096 026 ***150.00

DOCUMENT # **P93000039047**

1. Corporation Name

ARMORED CAR SERVICES OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5121 BOWDEN ROAD #305 JACKSONVILLE FL 32216	343 PECKS ROAD PITTSFIELD MA 33602 US

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 Country
24	25
29	30

3. Date Incorporated or Qualified	
06/02/1993	
4. FEI Number	Applied For Not Applicable
59-3191058	
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 owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent
WETMILLER, MARTIN 2317 SILVER STAR RD ORLANDO FL 32804

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
CTD	2.1 TITLE
REDER, GERARD S	2.2 NAME
343 PECKS RD	2.3 STREET ADDRESS
PITTSFIELD MA	2.4 CITY-ST-ZIP
PSD	3.1 TITLE
WETMILLER, MARTIN	3.2 NAME
2317 SILVER STAR RD	3.3 STREET ADDRESS
ORLANDO FL	3.4 CITY-ST-ZIP
	4.1 TITLE
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
	6.1 TITLE
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

	Change	Addition
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

413 443 4843

Daytime Phone #

CR2E034 (11/98)