


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

FILED

May 01 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 # P93000063495 (4) 1. Corporation Name DPC MONITORING SERVICES, INC.					
Principal Place of Business 800 NORTHWEST 33RD STREET POMPANO BEACH FL 33064			Mailing Address 800 NORTHWEST 33RD STREET POMPANO BEACH FL 33064-2046		
2. Principal Place of Business 21 1498 N W 3rd Street Suite, Apt. #, etc.		2a. Mailing Address 26 1498 N W 3rd Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/13/1993	
22 City & State 23 DEERFIELD BEACH, FL Zip 24 33442 Country 25 Broward		27 City & State 28 DEERFIELD BEACH, FL Zip 29 33442 Country 30 Broward		3a. Date of Last Report 08/12/1996	
9. Name and Address of Current Registered Agent KREITZER, MICHAEL N ESQ 100 SE 2ND ST 17TH FLOOR MIAMI FL 33131				4. FEI Number 65-0480490 Applied For Not Applicable	
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				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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ANGULO, RICHARD				
STREET ADDRESS	800 NW 33RD ST				
CITY-ST-ZIP	POMPANO BCH FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	DELL, DAVID				
STREET ADDRESS	800 NW 33RD ST				
CITY-ST-ZIP	POMPANO BCH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	MICHAEL MARINO				
1.3 STREET ADDRESS	8251 Greensboro Drive	Suite 1100			
1.4 CITY-ST-ZIP	McLean, VA	22101			
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Richard Angulo				
2.3 STREET ADDRESS	1498 NW 3rd ST				
2.4 CITY-ST-ZIP	Deerfield Beach, FL	33442			
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Jane Gomez				
3.3 STREET ADDRESS	1498 N W 3rd St				
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	33442			
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: JANE GOMEZ, SECRETARY <i>Jane Gomez</i> 4/22/97 954-246-9600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)