

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 JUN -1 1995

**DOCUMENT # P93000082295 (5)**

1. Corporation Name  
**ATOP SECURITY, INC.**

Principal Place of Business  
**100 E LINTON BLVD  
SUITE 302A  
DELRAY BEACH FL 33483**

Mailing Address  
**100 E LINTON BLVD  
SUITE 302A  
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/02/1993**

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

4. FEI Number  
**65-0457423**

Applied For  
 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

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**JUDGE, PATRICIA A  
1555 PALM BEACH LAKES BLVD  
SUITE 1600  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 *Patricia A. Judge*

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>JUDGE, THOMAS P SR.</b>
STREET ADDRESS	<b>100 E LINTON BLVD SUITE 302A</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL 33483</b>
TITLE	<b>V</b>
NAME	<b>JUDGE, THOMAS P JR.</b>
STREET ADDRESS	<b>100 E LINTON BLVD SUITE 302A</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL 33483</b>
TITLE	<b>S</b>
NAME	<b>JUDGE, BETTY</b>
STREET ADDRESS	<b>100 E LINTON BLVD SUITE 302A</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL 33483</b>
TITLE	<b>T</b>
NAME	<b>FALASZ, SUSAN</b>
STREET ADDRESS	<b>100 E LINTON BLVD SUITE 302A</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL 33483</b>
TITLE	
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 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: *Susan Falasz* *Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5/20/95 (407) 243-3162  
DATE TELEPHONE NUMBER