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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000017376 (2)

1. Corporation Name

EXECUTIVE PROTECTION SPECIALIST, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 27 PM 4:25



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-09/05/96--01017--009

Principal Place of Business

P.O. BOX 720805
ORLANDO FL 32872

Mailing Address

P.O. BOX 720805
ORLANDO FL 32872

2. Principal Place of Business

2a. Mailing Address

9327 DANBY ST

Suite, Apt. #, etc.

City & State

GOTHA FL

Zip

34734

Country

FL

City

State

Zip

Country

FL

City

State

Zip

Country

FL

City

State

Zip

Country

FL

City

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Country

FL

9. Name and Address of Current Registered Agent

DARIN J LEVI
9327 DANBY ST
GOTHA FL 34734

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: *Darin J. Levi* DARIN J. LEVI

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	RHATTIGAN, RICHARD	104 PRIVATEER COURT	JUPITER FL	☒
P	DARIN J. LEVI	9327 DANBY ST	GOTHA FL 34734	☐
P				☐
P				☐
P				☐
P				☐
P				☐
P				☐
P				☐
P				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	CHANGE	ADDITION
1.1 TITLE	☐	☒
1.2 NAME	☐	☒
1.3 STREET ADDRESS	☐	☒
1.4 CITY-ST-ZIP	☐	☒
2.1 TITLE	☐	☒
2.2 NAME	☐	☒
2.3 STREET ADDRESS	☐	☒
2.4 CITY-ST-ZIP	☐	☒
3.1 TITLE	☐	☒
3.2 NAME	☐	☒
3.3 STREET ADDRESS	☐	☒
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	☐	☐

8/30

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *Darin J. Levi* DARIN J. LEVI

1 AUGUST 96 4079200353