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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE: X

P94000032978 (6)

PROTECTIVE		44	11.10
PRUITUILVE	SERVILLES.	AI.	INC:

PROTECTIVE SERVICES AT, INC.									
Principal Place of	of Business	Mailing Address					8111 58 111 58 18 6 1111 5 11		
830 SE 177 WAY PEMBROKE PINES FL 33029 US 830 SW 177 WAY PEMBROKE PINES US US									
					3. Date incorporated or Qualified 05/02/1994	3a. Date of Lat 04/2	t Report 0/1995		
2. Principal Plac 21	2. Principal Place of Business 2a. Mailing Address		÷			4. FEI Number		Applied For	
	ote	26				65-0486404		Not Applicable	
Suite. Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Orty & State		City & State	City & State		6. Election Campaign Financing	□ \$5	\$5.00 May Be		
Zip	Country	Z _I p		unto.		Trust Fund Contribution	Ac	ided to Fees	
24	25	29	30	untry		8. This corporation has liability for in Florida Statutes	intangible tax unde	rs 199.032,	
	9. Name and Address of Curre		130	T		10. Name and Address of New R			
				81	Name	10. Hatte Bild Address Of New H	egistered Agent		
LAW FI	RM OF LAWRENCE J. SPIEGE	CHARTERED							
	MERIA AVENUE	L OIVAIICILD		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
CORAL	GABLES FL 33134			63					
				84	City		FL 85	Zip Code	
familiar with SIGNATURE Se	and accept the obligations of, Sec	tion 607.0505, Florida Statute	es.	corpo	TARGET S DOS	ration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing i pintment as registe	ts registered office red agent. I am	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	
TITLE	P CONTROL	□ DELETE	1 1 1	ITLE	ĺ		Chan	ge 🔲 Addition	
NAME DESCRIPTION	MORRIS, ESTHER A		1.2 N	AME	j				
STREET ADDRESS	830 SW 177 WAY PEMBROKE PINES FL		1.3 S	îreet a	DDRESS				
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NAME			6 2 NA	ME					
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OITY-ST-ZIP	sortify that the info-man	IN ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		17-S1-					
certify that the oath; that I a appears in B	may that the information supplied to the information indicates on this linnum man officer or dijectly of the compo lock 12 or Block 13 changes for d	with this hing is voluntarily fur tal report or supplemental am ration or the receiver or trustion on an attachment with a Lado	nished and d rual report is se empower læss.	aces i s true ed to	not qualify for and accura execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	7(3)(k), Florida Sta iame legal effect a rida Statutes; and	tutes. I further s if made under that my name	