FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071208 (0)**

1. Corporation Name

PROACTIVE PROTECTIVE SERVICES, INC.

Principal Place of Business	Mailing Address
2840 NE 14TH STREET STE. C207 POMPANO BEACH FL 33062	2840 NE 14TH STREET STE. C207 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 299 N. RIVERSIDE DRIVE
22: Suite, Apt. #, etc.: # 402
23: City & State: POMPANO BEACH, FL.
24: Zip: 33062
25: County: BROWARD

2a. Mailing Address
26: 299 N. RIVERSIDE DRIVE
27: Suite, Apt. #, etc.: #402
28: City & State: POMPANO BEACH, FL.
29: Zip: 33062
30: County: BROWARD

4. FEI Number: 650520248 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONAGHAN, JOHN J JR
2840 NE 14TH STREET STE. C207
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: MONAGHAN, JOHN J. JR.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 299 N. RIVERSIDE DRIVE # 402
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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: John J. Monaghan Jr. JOHN J. MONAGHAN JR. 4/17/95
(Signature, type or print 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	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JOHN J. MONAGHAN JR	12 NAME	
STREET ADDRESS	299 N. RIVERSIDE DR #402	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	14 CITY-ST-ZIP	
TITLE	TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	GERALDINE M. MONAGHAN	22 NAME	
STREET ADDRESS	299 N. RIVERSIDE DR. # 402	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: John J. Monaghan Jr. JOHN J. MONAGHAN JR. 4/17/95 (305) 784-6898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0104A37 CP