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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1998 8:00am

Secretary of State

(954) 784-6898

2/10/98

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000071208 (0)

PROACTIVE PROTECTIVE SERVICES, INC.

Principal Place of Business Mailing Address 299 N. RIVERSIDE DRIVE 299 N. RIVERSIDE DRIVE DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 09/26/1994 4. FEI Number Principal Place of Business 2s. Mailing Address Applied For 21 65-0520248 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 妞 Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Z 28 Trust Fund Contribution Added to Fees Ζip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 Yes NO NIA Personal Property Tax due June 30. 25 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent MONAGHAN, JOHN J. J 81 Name 299 N. RIVERSIDE DRIVE #402 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 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 fability with und accept the objigations of, Section 607,0505, Florida Statutes. MESIDENT JOHNJ. MONAGHANJA. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Addition Change TITLE 1 1 TITLE MONAGHAN, JOHN J. J NAME 1.2 NAME CRZE034 299 N. RIVERSIDE DR #402 STREET ADDRESS 13 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELFTE X Change Addition 21 TITLE TITLE MONAGHAN, GERALDINE M. MONAGHAN, GERALDINE M. 22 NAME NAME 299 N. RIVERSIDE DR. #402 299 N. RIVERSIDE DR. #402 STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL POMPANO BEACH, FL. 33062 CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE 3.1 TITLE Change ☐ Addition MONGHAN NI, JOHN J NAME 3.2 NAME MONAGHAN III, JOHN J. 299 N. RIVERSIDE DRIVE #402 STREET ADDRESS 3.3 STREET ADDRESS 299 N. RIVERSIDE DR. #402 POMPANO BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL. 33062 DELETE Change Addition TITLE 4.1 TOTLE 4. 2 NAME KENNEDY, PAUL P. 4.3 STREET ADDRESS STREET ADDRESS 299 N. RIVERSIDE DR. # 402 CITY-ST-ZIP 4.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062 DELETE Addition THILF 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE ☐ Addition 6.1 THLE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS City-St-ZiP

14. Thereby 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 supplicmental 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