

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050521 (0)

1. Corporation Name

ANCHOR PROTECTIVE SERVICES INC.



Principal Place of Business
9350 FOUNTAINEBLEAU BLVD.
APT. 614
MIAMI FL 33172

Mailing Address
9350 FOUNTAINEBLEAU BLVD.
APT. 614
MIAMI FL 33172

3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report

2. Principal Place of Business
21 9500 N.W. 77 AVE. B-3

2a. Mailing Address
26 9500 N.W. 77 AVE.

4. FEI Number
65-0593420

Applied For
Not Applicable

Suite, Apt. #, etc.
22 B-3

Suite, Apt. #, etc.
27 B-3

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 HIALEAH GARDENS FL

City & State
28 HIALEAH GARDENS FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33016

Country
25 USA

Zip
29 33016

Country
30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELE, FINOTELLI
9350 FOUNTAINEBLEAU BLVD.
APT. 614
MIAMI FL 33172

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DV
DANIELE, FINOTELLI
9350 FOUNTAINEBLEAU BLVD.
MIAMI FL 33172

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DPT
LOPEZ, JOSE A
1820 W. 53RD ST., #102
HIALEAH FL 33012

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 (305) 822-3235
Date Date/Time/Phone

CR2E034 (12/95)