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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

8500 NW 77 AVE.
B 3
HIALEAH GARDENS FL 33016
US

Mailing Address

8500 NW 77 AVE.
B3
HIALEAH GARDENS FL 33016-2530
US



3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0593420

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

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

2. Principal Place of Business

21 9350 FOUNTAINEBLEAU BLVD.
Suite, Apt. #, etc.

2a. Mailing Address

26 9350 FOUNTAINEBLEAU BLVD.
Suite, Apt. #, etc.

22 #614-
City & State

27 #614-
City & State

23 MIAMI - FL
Zip Country

28 MIAMI - FL
Zip Country

24 33172

25 USA

29 33172

30 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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	DELETE
DV	DANIELE, FINOTELLI	9350 FOUNTAINEBLEAU BLVD.	MIAMI FL 33172	<input type="checkbox"/>
DPT	LOPEZ, JOSE A	1820 W. 53RD ST., #102	HIALEAH FL 33012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97 (305) 226-0852

0123303

CR2E034 (9/96)