

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 30 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000024783 (8)

1. Corporation Name  
CONDOR PROTECTIVE SERVICES, INC.



Principal Place of Business  
8586 PINTO DRIVE  
LAKE WORTH FL 33467-1132

Mailing Address  
8586 PINTO DRIVE  
LAKE WORTH FL 33467-1132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4101 NORTH ANDREWS AVE Suite, Apt. #, etc. 22 SUITE # 305 City & State 23 Ft. Lauderdale, FL Zip 24 33309 Country 25 DADE		2a. Mailing Address 26 4101 NORTH ANDREWS AVE Suite, Apt. #, etc. 27 SUITE # 305 City & State 28 Ft. Lauderdale, FL Zip 29 33309 Country 30 DADE		3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Report N/A
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CROSBY, JAMES 8586 PINTO DRIVE LAKE WORTH FL 33467-1132		10. Name and Address of New Registered Agent 81 Name Dennis Reilly 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S.W. 14 STREET 83 BOCA RATON, FL 84 City BOCA RATON, FL 85 Zip Code 33486	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 CROSBY, DENNIS 147 SCRANTON AVENUE LYNBROOK NY 11563 <input checked="" type="checkbox"/> DELETE	1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LINDA M. HARRIS 243 SUNRISE HWY. SUITE E LYNBROOK, NY 11563 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. OPERATIONS Dennis Reilly 1200 S.W. 14 STREET BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/97)

20/2

**CONDOR PROTECTIVE SERVICES, INC.**  
**& TRAINING ACADEMY**

September 2, 1997


**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

**Ref. Number: P 960000024783**

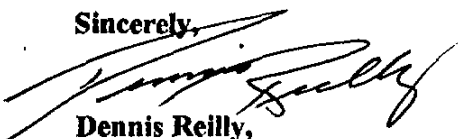
**To Whom It May Concern:**

**This is to inform you that we are in receipt of your letter dated August 21, 1997 requesting titles of officer/directors and explanation of late filing.**

**Payment was mailed to you on August 15, 1997 and received on August 21, 1997 the reasons that the form was filed late is that the registered agent did not receive the first notice. The registered agent did not receive the second notice until the middle of July upon receipt he sent the form directly to our accountant in New York who notified the owner, who issued a check to the Department of State. The filing fee was not held deliberately. We have submitted all the information that you requested on your form and have included the check for the annual report fee.**

 **We would also like to note that we have changed our registered agent address to 4101 North Andrews Avenue, Ft. Lauderdale, Florida 33309, kindly send all mail pertaining to Condor Protective Services to this address in order to avoid a repeat delay in correspondence.**

**Sincerely,**

  
**Dennis Reilly,  
V.P. Operations**