

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 20 AM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068139 (0)

1. Corporation Name

A-ACTION PROFESSIONAL SECURITY SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~1000 NORTH ORANGE AVE~~  
~~SUITE 104~~  
~~ORLANDO FL 32801~~

~~1000 NORTH ORANGE AVE~~  
~~SUITE 104~~  
~~ORLANDO FL 32801~~

3. Date Incorporated or Qualified

08/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3513 S. Orange Blsm. Tr.

26 3513 S. Orange Blsm. Tr.

4. FEI Number

59-3396351

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32839

25 USA

29 32839

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THARP, PHILIP A  
1030 NORTH ORANGE AVE  
SUITE 104  
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME ~~THARP, PHILIP A~~

1.2 NAME

STREET ADDRESS ~~1000 N ORANGE AVE, STE 104~~

1.3 STREET ADDRESS

CITY-ST-ZIP ~~ORLANDO FL 32801~~

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☒ Addition

NAME ~~DP~~ Roger W. Hirsch

2.2 NAME

STREET ADDRESS 3513 S. Orange Blsm Trail

2.3 STREET ADDRESS

CITY-ST-ZIP Orlando, FL 32839

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

400002221004-85

NAME ~~VP/SIT~~ Bobbie Hirsch

3.2 NAME

-06/24/97--01033--008

STREET ADDRESS 3513 S. Orange Blsm. Trail

3.3 STREET ADDRESS

\*\*\*\*495.00 \*\*\*\*165.00

CITY-ST-ZIP Orlando, FL 32839

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY-ST-ZIP

6.8 CITY-ST-ZIP

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:

Roger W. Hirsch

4/24/97 (407) 423-0033

CR2E034 (9/96)