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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068139 (0)

A-AACTION PROFESSIONAL SECURITY SYSTEMS, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place	n of Business	Mailing Address					
•							
3513 S. ORANGE BLSM TR 3513 S. ORANG ORLANDO FL 32839 ORLANDO FL 3							
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						08/12/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3396351 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Regulated	
22		27					
City & State	2	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28]		untry		Treet, and objection	
24 Zip	├- ŋ ′	⊢	30	он но у		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	25 25 Name and Address of Curre	29 ent Registered Agent	[30]	T		10. Name and Address of New Registered Agent	
70.0		in Hogistorea Agent		81	Name	10, (10)	
THARP, PHILIP A							
1030 NORTH ORANGE AVE SUITE 104				82	Street A	Address (P.O. Box Number is Not Acceptable)	
		63					
OF	RLANDO FL 32801				İ		
				84	City	FL 85 Zip Code	
					<u> </u>		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	J02 and 607.1508, Florida S Le of Etorida, Such change v	tatutes, the a vas authoriza	above ad by	₃-named o ∠the corp	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.050	5, Florida Sta	tutes	š.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE							
	Signature, typed or printed name of registered a				int signature i	required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	, =,					HIRSCHY, ROLER W. Maddition	
NAME	HIRSCHY, ROBERT W		1.2			MIRSON'S INCOME	
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32839	T DELETE		CITY - S	T-ZIP	Change Addition	
TITLE	VPST	L DELETE		TITLE		Li Change Li Abdition	
HAME	HIRSCHY, BOBBIE			NAME			
STREET ADDRESS	3513 S. ORANGE BLSM TR	t			ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839				ST-ZIP		
TITLE		DELETE	3.1	TITLE		Change Addition	
NAME				NAME	- 1		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE		☐ DELETE	4,11	TITLE	1	Change Addition	
NAME			4. 2	NAME			
STREET ADDRESS			4.3 9	STREET	r address		
CITY-ST-ZIP				CITY-S	ST- ZIP		
TITLE		☐ DELETE	5.1	TITLE	7	Change Addition	
NAME			5.21	NAME			
STREET ADDRESS			5.3	STREET	ADORESS		
CITY-ST-ZIP			5.41	CITY-S	ST-ZIP		
TITLE		☐ DELETE		TITLE		Change Addition	
NAME			6.21	NAME		•	
STREET ADDRESS			1		T ADDRESS		
CITY-ST-ZIP					ST-ZIP		
14 basebus	La said a de sa de sa indiamentation accomplicad					d in Section 110 07(2)(i) Florida Statutos I further certify that the information	

oos not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is frue and eccurate and that my signature shall have the same legal effect as if made under oath; that I am an improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppliemental annual report officer or director of the corporation or the ruceiver or trustee Block 12 or Block 13 if changed, or or a attachment with a