

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000027284 (3)
 1. Corporation Name
AMERICAN PUBLIC SAFETY TRAINING SERVICES, INC.



Principal Place of Business: **10799 157TH STREET NORTH JUPITER FL 33478**
 Mailing Address: **10799 157TH STREET NORTH JUPITER FL 33478**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	P.O. Box 8742	03/26/1997	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Jupiter, FL	65-0743670	Not Applicable
24	Country	29	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30	33468	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARENT, BRUCE 10799 157TH STREET NORTH JUPITER FL 33478				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARENT, BRUCE		1.2 NAME		
STREET ADDRESS	10799 157TH STREET NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARENT, TERESA		2.2 NAME		
STREET ADDRESS	10799 157TH STREET NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33478		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISHOP, ROBBIE		3.2 NAME		
STREET ADDRESS	2620 VILLA RIDGE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS GA 30132		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISHOP, LISA		4.2 NAME		
STREET ADDRESS	2620 VILLA RIDGE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS GA 30132		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 omitted, furnished with an address.

SIGNATURE: _____ *[Signature]* **05/01/98 1800-953-8466**

CR2E034 (10/97)