

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V10057 (0)**

1. Corporation Name
PRESTIGE PROTECTIVE CORPORATION

Principal Place of Business Mailing Address
7071 WEST COMMERCIAL BLVD. SUITE 2-A TAMARAC FL 33319 **7071 WEST COMMERCIAL BLVD. SUITE 2-A TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/29/1992** 3a. Date of Last Report **05/19/1994**
4. FEI Number **65-0359615** 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 2a. Mailing Address
21 **7061 W. COMMERCIAL BLVD** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITES 5A & 5B** 27 **SAME**
 City & State City & State
23 **TAMARAC, FL** 28
 ZIP Country ZIP Country
24 **33319** 25 **BROWARD** 29 30

9. Name and Address of Current Registered Agent
**WILKINSON & WILKINSON, ESQ.
515 N. FLAGLER DR., SUITE 300
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City B5 Zip Code
FL

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 _____
Signature: Typed or printed name of registered agent and the filer if applicable. (If STATE Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CST
NAME	GALLIONE, RICHARD K.
STREET ADDRESS	7071 W. COMMERCIAL BLVD
CITY - ST - ZIP	TAMARAC FL
TITLE	DPV
NAME	GALLIONE, PATRICIA A
STREET ADDRESS	7071 W. COMMERCIAL BLVD SUITE 2-A
CITY - ST - ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Pg. 1)

1.1 TITLE	CHAIRMAN-PRESIDENT-VP-TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD K. GALLIONE
1.3 STREET ADDRESS	7061 W. COMMERCIAL BLVD-SUITES 5A&5B
1.4 CITY - ST - ZIP	TAMARAC, FL 33319
2.1 TITLE	DELETED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LORIDANA GALLIONE
3.3 STREET ADDRESS	7061 W. COMMERCIAL BLVD-SUITES 5A&5B
3.4 CITY - ST - ZIP	TAMARAC, FL 33319
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 this 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 addition if with an addition.

SIGNATURE: *Richard K. Gallione* Date: 6/5/95 Telephone: 305-722-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)