

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

FILED

May 06 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **V10057** (0)  
1. Corporation Name  
**PRESTIGE PROTECTIVE CORPORATION**



|   |  |
|---|--|
| Principal Place of Business<br><b>7071 W. COMMERCIAL BLVD.<br/>SUITE 21<br/>TAMARAC FL 33319<br/>US</b> | Mailing Address<br><b>7071 W COMMERCIAL BLVD<br/>SUITE 21<br/>TAMARAC FL 33319-2143<br/>US</b> |
|---|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br><b>Suite 2A</b><br>22 City & State<br><b>-</b><br>23 Zip<br><b>-</b> Country<br><b>-</b> | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br><b>Suite 2A</b><br>27 City & State<br><b>-</b><br>28 Zip<br><b>-</b> Country<br><b>-</b> |
|--|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/29/1992</b>  | 3a. Date of Last Report<br><b>07/24/1996</b>           |
| 4. FEI Number<br><b>65-0359615</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>WILKINSON, KEVIN D<br/>12794 WEST FOREST HILL BLVD<br/>SUITE 28B<br/>WEST PALM BEACH FL 33414</b> |  |
|---|--|

|   |             |
|---|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |
|   | <b>FL</b>   |

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: *Ken D Wilkinson VP* **Kevin D Wilkinson VP** 4/29/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |   |                                 |
|----------------------------|---|---------------------------------|
| TITLE                      | <b>PT</b>                               | <input type="checkbox"/> DELETE |
| NAME                       | <b>GALLIONE, RICHARD K.</b>             |                                 |
| STREET ADDRESS             | <b>7071 W COMMERCIAL BLVD, SUITE 2A</b> |                                 |
| CITY-ST-ZIP                | <b>TAMARAC FL</b>                       |                                 |
| TITLE                      | <b>VPS</b>                              | <input type="checkbox"/> DELETE |
| NAME                       | <b>WILKINSON, KEVIN D</b>               |                                 |
| STREET ADDRESS             | <b>1294 W FOREST HILL BLVD, STE 28B</b> |                                 |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL</b>               |                                 |
| TITLE                      |   | <input type="checkbox"/> DELETE |
| NAME                       |   |                                 |
| STREET ADDRESS             |   |                                 |
| CITY-ST-ZIP                |   |                                 |
| TITLE                      |   | <input type="checkbox"/> DELETE |
| NAME                       |   |                                 |
| STREET ADDRESS             |   |                                 |
| CITY-ST-ZIP                |   |                                 |
| TITLE                      |   | <input type="checkbox"/> DELETE |
| NAME                       |   |                                 |
| STREET ADDRESS             |   |                                 |
| CITY-ST-ZIP                |   |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
|---|---|--|
| 1.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |   |  |
| 1.3 STREET ADDRESS                                    |   |  |
| 1.4 CITY-ST-ZIP                                       |   |  |
| 2.1 TITLE   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |  |
| 2.3 STREET ADDRESS                                    | <b>12794 W. Forest Hill Blvd. STE 28B</b> |  |
| 2.4 CITY-ST-ZIP                                       |   |  |
| 3.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |   |  |
| 3.3 STREET ADDRESS                                    |   |  |
| 3.4 CITY-ST-ZIP                                       |   |  |
| 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 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: *Ken D Wilkinson VP* **Kevin D Wilkinson VP** 4/29/97 561 753  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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