

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

FILED
May 06 1997 8:00am
Secretary of State

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

DOCUMENT # V10057 (0)

1. Corporation Name
PRESTIGE PROTECTIVE CORPORATION



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

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 2A City & State 23 Zip 24 Country 25 | 2a. Mailing Address 26 Suite, Apt. #, etc. Suite 2A City & State 28 Zip 29 Country 30 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/29/1992 | 3a. Date of Last Report 07/24/1996 |
| 4. FEI Number 65-0359615 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 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

**WILKINSON, KEVIN D
 12794 WEST FOREST HILL BLVD
 SUITE 28B
 WEST PALM BEACH FL 33414**

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 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 | PT | <input type="checkbox"/> DELETE |
| NAME | GALLIONE, RICHARD K. | |
| STREET ADDRESS | 7071 W COMMERCIAL BLVD, SUITE 2A | |
| CITY-ST-ZIP | TAMARAC FL | |
| TITLE | VPS | <input type="checkbox"/> DELETE |
| NAME | WILKINSON, KEVIN D | |
| STREET ADDRESS | 1294 W FOREST HILL BLVD, STE 28B | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| 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 | 12794 W. Forest Hill Blvd. STE 28B |
| 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 ⁷¹⁰⁰
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)