

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT STATE Sandra B. Moam Secretary of S DIVISION OF CORPORATIONS
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DOCUMENT # V10057 (0)  
1. Corporation Name  
PRESTIGE PROTECTIVE CORPORATION

Principal Place of Business 7071 W. COMMERCIAL BLVD. SUITE 2A TAMARAC FL 33319 US	Mailing Address 7071 W COMMERCIAL BLVD SUITE 2A TAMARAC FL 33319 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9764 W Sample Rd. Suite, Apt. #, etc. 22 City & State 23 Coral Springs, FL Zip Country 24 33065 25 US		2a. Mailing Address 26 9764 W. Sample Rd. Suite, Apt. #, etc. 27 City & State 28 Coral Springs, FL Zip Country 29 33065 30 US		3. Date Incorporated or Qualified 01/29/1992	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 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

WILKINSON, KEVIN D  
12794 WEST FOREST HILL BLVD  
SUITE 288  
WEST PALM BEACH FL 33414

11 Name	12 Street Address (P.O. Box Number is Not Acceptable)	13
14 City	FL	15 Zip Code

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 title if applicable

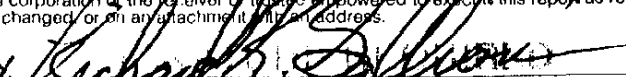
(NOTE: Register Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PT	1.1 TITLE	
NAME	GALLIONE, RICHARD K.	1.2 NAME	
STREET ADDRESS	7071 W COMMERCIAL BLVD, SUITE 2A	1.3 STREET ADDRESS	9764 W. Sample Rd
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	Coral Springs, FL 33065
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VPS	2.1 TITLE	
NAME	WILKINSON, KEVIN D	2.2 NAME	
STREET ADDRESS	12794 W FOREST HILL BLVD., SUITE 288	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
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 in an attachment, with an address.

SIGNATURE:



3/16/98 954-796-1500

CR2E034 (10/97)