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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 536894

(9)

FILED Jan 30 1998 8:00am Secretary of State

SECURITY SYSTEMS, INC.						
Principal Place of Business Mailing Address					- 18518: BEIOD EILID BLIDE BLID BLID BLID BLID BEIO	### # #
1700 N.W. 2ND AVE. 1700 N.W. 2ND AVE.						
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS	2 20175
					3. Date Incorporated or Qualified) OF AUE
					06/10/1977	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-1755948	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27 27 21 27 21 27 21 27 21 27 27 27 27 27 27 27 27 27 27 27 27 27			u .		57 55.3.104.5 57.54.105 555.1156	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip			Country		Trust Fund Contribution	Added to Fees
24	25		30		 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible X Yes No
	9. Name and Address of Curren		50 ,		10. Name and Address of New Registered	
BROWN JEFF 81 Name						_
750 S DIXIE HWY				Street Addre	ss (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431			82		55 (1.0. Dox Number is Not Acceptable)	
			83			
			84	City	_	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050:	2 and 607 1508. Florida Statute	s the above-	named corno		
office or r	egistered agent, or both, in the State	of Florida, Such change was at	thorized by t	he corporatio	ration submits this statement for the purpose of sounds for the purpose of sounds of directors. I hereby accept the appropriate the second of directors are submitted to the second of t	pointment as registered
!	im ramiliat with, and accept the obliga	mons of section 607,0505, Flor	ica siatutes.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	\$	☐ DELETE	1.1 TITLE	1		☐ Change ☐ Addition
NAME	LEONE, ROBERT J		1.2 NAME			
STREET ADORESS	1700 NW 2ND AVENUE		1,3 STREET AC			
CITY - ST - ZIP	BOCA RATON FL	T ocume	1.4 CITY - ST -	ZIP		ma Flore
TITLE	CD LAFONTAINE DONALD D	☐ DELETE	2.1 TITLE			Change Addition
NAME STREET ADDRESS	Lafontaine, Ronald D. 1700 NW 2ND Avenue		2.2 NAME			
STREET ADDRESS	BOCA RATON FL		2.3 STREET AD 2. 4 CITY - ST -			
CITY-ST-ZIP	DP	DELETE 3.1 TI		ZIP		Change Addition
NAME	LEONE, ROBERT		3.2 NAME			Orange Accessor
STREET ADDRESS	1700 NW 2ND AVENUE		3.3 STREET AD	nnaess		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-			
TITLE	VP	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	LAFONTAINE, RONALD A.		4. 2 NAME			
STREET ADDRESS	1700 NW 2ND AVENUE		4.3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	DRESS		
CITY-ST-ZIP			5.4 CITY - ST - 2	ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6,3 STREET AD	DRESS		
CITY - ST - ZIP			6.4 CITY-ST-2	ZIP		

14. I hereby certify that the information supplied with this filling 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:

1-16-98