

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY - 1 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 821905 (7)

1. Corporation Name

SENSORMATIC ELECTRONICS CORPORATION

Principal Place of Business

500 NW 12TH AVE.
DEERFIELD BEACH FL 33442

Mailing Address

500 NW 12TH AVE.
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1968** 3a. Date of Last Report **04/19/1994**

4. FEI Number **34-1024665** 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 6 1993 (19) Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
ASSAF, RONALD G.
500 NW 12TH AVE.
DEERFIELD BEACH FL**

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

President/Director

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

**D
LINEBERGER, JAMES E.
500 NW 12TH AVE.
DEERFIELD BEACH FL**

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

**VPD
PARDUE, MICHAEL E.
500 NW 12TH AVE.
DEERFIELD BEACH FL**

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

**D
MILNES, DR. ARTHUR G.
500 NW 12TH AVE.
DEERFIELD BEACH FL**

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

**D
LEWINE, JEROME M.
500 NW 12TH AVE.
DEERFIELD BEACH FL**

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

**ST
FLORES, MIGUEL A.
500 NW 12TH AVE.
DEERFIELD BEACH FL**

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

Vice President/Treasurer

Change 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 110.07(3)(k), 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 or Block 14, changed, or in an attachment with an address.

SIGNATURE:

Miguel A Flores
Miguel A Flores, V.P. & Treasurer

3054202000
(Optional Fee #)