

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **821905 (7)**

1. Corporation Name

SENSORMATIC ELECTRONICS CORPORATION



Principal Place of Business

Mailing Address

500 NW 12TH AVE.
DEERFIELD BEACH FL 33442

500 NW 12TH AVE.
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 10/03/1968	3a. Date of Last Report 05/01/1995
4. FEI Number 34-1024665	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. SENSORMATIC ELECTRONICS CORP.
21 SENSORMATIC ELECTRONICS CORP.	26 951 YAMATO ROAD
22 951 YAMATO ROAD	27 BOCA RATON, FL 33431-0700
23 BOCA RATON, FL 33431-0700	28 City & State
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0602 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 remaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSAF, RONALD G.	1.2 NAME	Assaf, Ronald G.
STREET ADDRESS	500 NW 12TH AVE.	1.3 STREET ADDRESS	951 Yamato Road
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431-0700
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINBERGER, JAMES E.	2.2 NAME	951 Yamato Road
STREET ADDRESS	500 NW 12TH AVE.	2.3 STREET ADDRESS	Boca Raton, FL 33431-0700
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431-0700
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDUE, MICHAEL E.	3.2 NAME	
STREET ADDRESS	500 NW 12TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILNES, DR. ARTHUR G.	4.2 NAME	951 Yamato Road
STREET ADDRESS	500 NW 12TH AVE.	4.3 STREET ADDRESS	Boca Raton, FL 33431-0700
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33431-0700
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWINE, JEROME M.	5.2 NAME	951 Yamato Road
STREET ADDRESS	500 NW 12TH AVE.	5.3 STREET ADDRESS	Boca Raton, FL 33431
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VPT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORES, MIGUEL A.	6.2 NAME	PRESIDENT
STREET ADDRESS	500 NW 12TH AVE.	6.3 STREET ADDRESS	951 Yamato Road
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	BOCA RATON, FL 33431-0700

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 119.07(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 if changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. A. Flores
Miguel A Flores, V.P./Treasurer

4/26/96

(407) 909-7000

CR2E034 (12/95)