

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -3 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F18766 (8)

1. Corporation Name
WESTCO SECURITY SYSTEMS, INC.

Principal Place of Business: **2121 CORNELL STREET SARASOTA FL 34237**
Mailing Address: **2121 CORNELL STREET SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/09/1981	04/29/1994
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		59-2056631	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip	25. County	29. Zip	30. County	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May be Added to Fees
34237	Sarasota	34237	Sarasota	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199 (1)(2) Florida Statutes	
MOTYCKA, STEVE 2121 CORNELL ST SARASOTA FL 34237				<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	
MOTYCKA, STEVE 2121 CORNELL ST SARASOTA FL 34237				01. Name	
				02. Street Address (P.O. Box Number is Not Acceptable)	
				03. City	
				04. State	FL
				05. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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]* (Agent for this corporation and registered agent with the state) *[Signature]* (New Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P MOTYCKA, STEVEN F. 3929 COUNTRYVIEW LN. SARASOTA FL	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY & STATE		13.3 STREET ADDRESS	
12.4 CITY & STATE	D TAVAKOLI, AHMAD 13303 GOLFE CREST CIR. TAMPA FL	13.4 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	
12.6 STREET ADDRESS	D NONSHIVANI, HAMD 8150 LEESBURG PIKE FALL CHURCH VA	13.6 STREET ADDRESS	
12.7 CITY & STATE		13.7 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME	S WENMARK, DAVID 500 S. PINEAPPLE AVE. SARASOTA FL	13.8 NAME	
12.9 STREET ADDRESS		13.9 STREET ADDRESS	
12.10 CITY & STATE		13.10 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	D CHANGUIS, ANFA 8402 SEVEN OAK CT. HOUSTON TX	13.11 NAME	
12.12 STREET ADDRESS		13.12 STREET ADDRESS	
12.13 CITY & STATE		13.13 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY & STATE		13.16 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119(0)(3)(b), Florida Statutes. I further certify that the information reported 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 or assignee or partner or partner-in-interest 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 alternate form with an address.

SIGNATURE: *[Signature]* **STEVEN F. MOTYCKA** 6-21-95 818-366-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRINTED)

CR2E034 (3/95)