

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

12

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**

3. Date Incorporated or Qualified: **02/09/1981**  
3a. Date of Last Report: **07/03/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Country: **29** Zip: **30**

4. F.I. Number: **59-2058631**  
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 s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MOTYCKA, STEVE  
2121 CORNELL ST  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent  
81 Name: **Ronald R. Fieldstone**  
82 Street Address (P.O. Box Number is Not Acceptable): **200 S. Biscayne Blvd**  
83 Suite: **2100**  
84 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0501 and 607.1505, 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]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>MOTYCKA, STEVEN F.</b>	
STREET ADDRESS	<b>3929 COUNTRYVIEW LN.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>TAVAKOLI, AHMAD</b>	
STREET ADDRESS	<b>13303 GOLFE CREST CIR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>NONOHIANI, HAMID</b>	
STREET ADDRESS	<b>8150 EEEBOURG PIKE</b>	
CITY-ST-ZIP	<b>FALL CHURCH VA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>WENMARK, DAVID</b>	
STREET ADDRESS	<b>500 S. PINEAPPLE AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>CHANGUIS, ANFA</b>	
STREET ADDRESS	<b>6402 SEVEN OAK CT.</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>CEO/CHAIRMAN</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Richard S. Allen</b>		
1.3 STREET ADDRESS	<b>2121 Cornell St</b>		
1.4 CITY-ST-ZIP	<b>Sarasota FL 34237</b>		
2.1 TITLE	<b>S</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Andrew Taub</b>		
2.3 STREET ADDRESS	<b>2121 Cornell St.</b>		
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34237</b>		
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Kenneth E. Purcell</b>		
3.3 STREET ADDRESS	<b>16120 Independent Square</b>		
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>		
4.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Robert L. Stein</b>		
4.3 STREET ADDRESS	<b>16120 Independent Square</b>		
4.4 CITY-ST-ZIP	<b>Jacksonville FL 32202</b>		
5.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Russell MacDonnell</b>		
5.3 STREET ADDRESS	<b>2121 Cornell St.</b>		
5.4 CITY-ST-ZIP	<b>Sarasota FL 34237</b>		
6.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>Walter McCrae</b>		
6.3 STREET ADDRESS	<b>2121 Cornell St.</b>		
6.4 CITY-ST-ZIP	<b>Sarasota, FL 34237</b>		

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 (changed, or on an attachment) with an address.

SIGNATURE: *[Signature]* DATE: **5/1/96** 205-869-7202

CR2E034 (12/95)

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# 13

Title: D  
Name: John Kuhne  
Street Address: 2124 Cornell St  
City-St-Zip: Sarasota, FL 34237

Title: VP  
Name: Wenmark, David  
Street Address: 500 S. Pineapple Ave.  
City-St-Zip: Sarasota, FL