

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34237-3437
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3. Date Incorporated or Qualified 02/09/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1610 Independent Square Suite, Apt. #, etc.	2a. Mailing Address 26 1610 Independent Square Suite, Apt. #, etc.
22 City & State 23 Jacksonville, FL	27 City & State 28 Jacksonville, FL
24 Zip 32202	29 Zip 32202

4. FEI Number 59-2058631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
Main, James L.

82 Street Address (P.O. Box Number is Not Acceptable)
Kirschner, Main, Graham, Tanner, & Demont

83 **1610 Independent Square, Suite 2000**

84 City **Jacksonville,** FL 85 Zip Code **32202**

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 *James L. Main* **James L. Main, Registered Agent** DATE **4/23/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTYCKA, STEVEN F.	1.2 NAME	
STREET ADDRESS	3929 COUNTRYVIEW LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, KENNETH	2.2 NAME	
STREET ADDRESS	16120 INDEPENDENT SQAURE	2.3 STREET ADDRESS	1610 Independent Square
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENMARK, DAVID	3.2 NAME	
STREET ADDRESS	500 S. PINEAPPLE AVE.	3.3 STREET ADDRESS	Sarasota, FL 34237
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONNELL, RUSSELL	4.2 NAME	Kuhne, John
STREET ADDRESS	2121 CORNELL STREET	4.3 STREET ADDRESS	1610 Independent Square
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRAE, WALTER	5.2 NAME	Mc Rae, Walter
STREET ADDRESS	2121 CORNELL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, RICHARS S	6.2 NAME	Stein, Robert
STREET ADDRESS	2121 CORNELL STREET	6.3 STREET ADDRESS	1610 Independent Square
CITY-ST-ZIP	SARASOTA FL 34237	6.4 CITY-ST-ZIP	Jacksonville, FL 32202

14. I do hereby certify that the information supplied with this filing 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.

CR2E034 (9/96)

Westco Security Systems, Inc.
1997 Annual Report
FEI# 59-2058631
Additional Officers:

ST
Lanigan, Mindy
1610 Independent Square
Jacksonville, FL 32202

V
Marinatos, Anthony
1610 Independent Square
Jacksonville, FL 32202