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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| | | | | | 01-20-1999 90018 045 ***150.00 | |
|-------------------------------|--|--|---|------------------------|--|----------|
| DOCUN 1. Corporation | MENT # F26971 | | | | 01-20-1777 70016 043 130.00 | |
| | COUNTRY ALARM SYSTEM | S INC | | | | |
| CHROS | COUNTIL VEVENA CLOICA | U, 1140, | | | I REGISED AND HIGH HARR DAND TRAIN TOCAR HAN BIRN BIRN BIRN BRAIN BARN BARN BARN BARN BARN | |
| | • | | | | | |
| Principal Place | of Business | Mailing Address | | | # 1005/100 till fileto dillio (dilli fade) tidi algit aldit atali atali atali atali atali | |
| 710 PUTNAM AVE P O BOX 852 | | | | | | |
| ORLANDO FL 32804 | | GOLDENROD FL 32733 | | | DO NOT WRITE IN THIS SPACE | |
| บร | | US | | | 3. Date Incorporated or Qualifed | |
| | | | | | 03/26/1981 | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number . Applied For | |
| 21 | | 26 | | | 59-2075444 Not Applicable | е |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional | _ _ |
| 22 | | 27 | | | Fee Required | - |
| City & State | | City & State | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | |
| 23 | | 28 | Countr | | Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible | \dashv |
| Zip | Country | Zip | 10 | y | Personal Property Tax. | |
| 24 | 9. Name and Address of Curren | 1-:1 | <u>, , , , , , , , , , , , , , , , , , , </u> | | 10. Name and Address of New Registered Agent | |
| | 9. Name and Address of Correct | t registered Agent | 8 | 1 Name | | |
| BALL | ARD, ALAN F. | | 8 | 2 Stroot Adds | ress (P.O. Box Number is Not Acceptable) | \dashv |
| 3054 BLUEBROOK DR | | | l° | Z Sileet Addi | TESS (F.O. BOX Mulliper is 1401 / societies 16) | |
| WINTER PARK FL 32792 | | | 8 | 3 | | |
| | | | 8 | 4 City | 85 Zip Code | |
| | | | 1 | 1 1 | FL 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 4 |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | s, the abo | ve-named corp | poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered | |
| agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | tions of, Section 607.0505, Florid | da Statute | es. | | |
| SIGNATURE | | | | | ed when reinstating) DATE | |
| | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE: F ID DIRECTORS | 13. | gent signature require | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ᅱ |
| 12. | VD OFFICERS AN | DELETE | 1,1 TITLE | | Change Additi | on |
| TITLE | Ballard, Elizabeth H. | _ | 1.2 NAM | | | - { |
| NAME | 3054 BLUEBROOK DR. | | 1 | ET ADDRESS | | ļ |
| STREET ADDRESS CITY-ST-ZIP | WINTER PARK FL | | 1.4 CITY | i i | | |
| TITLE | SP | ☐ DELETE | 2.1 TITLE | | Change Additi | ion |
| NAME | BALLARD, ALAN F. | | 2.2 NAM | E | | - |
| STREET ADDRESS | 3054 BLUEBROOK DR. | | 2.3 STRE | ET ADORESS | | |
| - CITY-ST-ZIP | -WINTER PARK FL | | 2.4 CITY | /-ST-ZIP | | _ |
| TITLE | I. | ☐ DELETE | 3.1 TITLE | ■ | ☐ Change ☐ Addit | ion |
| NAME 3 | BALLARD, ELIZABETH | | 3.2 NAM | E | | |
| STREET ADDRESS | | | 1 | EET ADORESS | | : |
| CITY-ST-ZIP | WINTER PARK FL | , CT 051 575 | 3.4. CITY | | ☐ Change ☐ Addit | ion |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | |
| NAME | | | 4.2 NAN | | | |
| STREET ADDRESS | *** | | | EET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITU | -ST-ZIP | ☐ Change ☐ Addit | ion |
| TITLE | | | 5.1 MAM | 1 | | |
| NAME | | | | EET ADDRESS | | - |
| STREET ADDRESS | , , | | | -ST-ZIP | <u> </u> |] |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITL | | ☐ Change ☐ Addit | ion |
| NAME | 7 · · · · · · · · · · · · · · · · · · · | | 6.2 NAM | KE | | |

14. I hereby certify that the information solubled 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 justee 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 or an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99(407)423-2920 Dayame Phone #

FILED

Jan 20, 1999 8:00am

Secretary of State

RZE034 (11/98)