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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F33586

(1)

ACCURATE ALARM COMPANY, INC.

FILED									
May 06 1997 8:00am									
Secretary of State									

Principal Plac	e of Business	Mailing Address				I POULIDO ALFO (LIDO LILOY DEAD) HALPO	anii airii birii	OFFIC OFFI	IDIO BABAL (DDA
W LEON BRANCH 8821 OLD WINTER GARDEN ROAD ORLANDO FL 32835-1411			% LEON BRANCH \$821 OLD WINTER GARDEN ROAD ORLANDO FL 32835-1411						
						3. Date Incorporated or Qualifie 05/06/1981	1	ate of Las /25/199 (•
·	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21		26				59-2092275			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & Stat	Α	City & State	····						Required
23		}¬ ´	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζφ	Country	Zip	Co	untry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability f			
24	25	29	30			Florida Statutes		□ No	3. 130.002
	9. Name and Address of Curre	ent Registered Agent		Ţ		10. Name and Address of New	Registered	Agent	
BRA	NCH, LEON			81	Name				
	1 OLD WINTER GRON RD.			82	Street Ad	Idress (P.O. Box Number is Not Accep	table)		
ORL	ANDO FL 32835								
				83					
	•			84	City			85 Z	ip Code
							FL	_	•
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli-	ouz and 607,1508, Florida Si te of Florida Such change v gations of, Section 607,0508	iatutes, the a vas authóriza 5, Florida Sta	abov ed by alute:	e-named co y the corpor s.	orporation submits this statement for the ration's board of directors. I hereby ac	e purpose o cept the ap	of changing pointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered a					guired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1,1]	IILE.				Chang	e Addition
NAME	BRANCH, LEON		1.2 (MAME					
STREET ADDRESS	5821 OLD WINTER GRON.RD		1.3 3	SIREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 (CITY - S	1-7IP				
TITLE	VST	☐ DELE1E	2.11	THE				Chang	e Addition
NAME	BRANCH, NELLIE		2.20	MAM					
STREET ADDRESS	5821 OLD WINTER GRON.RD),	2.3 3	STREET	ADDHESS		y =-		
CITY-ST-ZIP	ORLANDO FL		2.4	CITY-	\$1-7IP				
TITLE		☐ DELF1E	3.1 1	ITLE				Chang	e [] Addition
NAME			3.21	MAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		I Dr. (3)			S1 - 71P			П.	1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
TITLE		☐ DELE1E		ITLE				Chang	e [_] Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		CITY-S	11 - ZIP			100	. 17.00
TITLE		☐ DELETE	5.1					☐ Chang	e [] Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		OHY-S	11 - ZII,			[] A	a laur
TITLE		DELETE	6.11					Chang	e L Addition
NAME OTOGET ADDRESSE				NAME	* D = D = C = C				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	l <u>.</u>		6.4 0	CHY-S	T - 7IP				

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 eath; 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.

CONTRACTOR TO COOK BANGED & North All Richard

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