

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G10151 (0)**
1. Corporation Name
ALARM AND ELECTRONIC DISTRIBUTORS, INC.



Principal Place of Business: **14331 S.W. 142 ST. MIAMI FL 33186**
Mailing Address: **14331 SW 142ND ST MIAMI FL 33186 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **10/21/1982**
3a. Date of Last Report: **01/24/1995**
4. Fil Number: **59-2234833**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**STURGILLE, MICHAEL K JR
11251 SW 156 ST
MIAMI FL 33155**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0709 and 607.1509, 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, Sections 607.0709, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **PD** DELETED
NAME: **STURGILLE, MICHAEL K., JR**
STREET ADDRESS: **14331 SW 142ND ST**
CITY-STATE-ZIP: **MIAMI, FL 00000**
TITLE: **SVTD** DELETED
NAME: **STURGILLE, MICHAEL K.**
STREET ADDRESS: **14331 SW 142ND ST**
CITY-STATE-ZIP: **MIAMI FL**
TITLE: DELETED
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETED
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETED
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:

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, or authorized 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 in Block 14 if listed with an address.

SIGNATURE: *[Signature]* **Vice President** **2-29-96** **385-3258**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)