

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G94828** (2)

1. Corporation Name

**ALLGUARD ALARMS SARASOTA, INC.**



Principal Place of Business

**7920 N. TAMiami TRAIL UNIT #108  
SARASOTA FL 34243**

Mailing Address

**7920 N. TAMiami TRAIL UNIT #108  
SARASOTA FL 34243**

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

9. Name and Address of Current Registered Agent

**COLAVITO, ANTHONY (JR.)  
7910 N. TAMiami TR., #107  
SARASOTA FL 34243**

3. Date Incorporated or Qualified

**04/05/1984**

3a. Date of Last Report

**03/02/1995**

4. FEI Number

**59-2395830**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person submitting this report to the State

Signature of person submitting this report to the State

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **COLAVITO, ANTHONY, JR.**  
STREET ADDRESS **7910 N TAMiami TR #107**  
CITY-ST-ZIP **SARASOTA FL**

2. TITLE ☐ DELETE

NAME **COLAVITO, DEBRA L.**  
STREET ADDRESS **7910 N TAMiami TR #107**  
CITY-ST-ZIP **SARASOTA FL**

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE: **ANTHONY COLAVITO, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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