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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
ALARM SYSTEMS 0



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

JMENT # H14881

(7)

FILED Jan 16 1998 8:00am Secretary of State

ALARM SYSTEMS OF FLORIDA, INC.								
Principal Place of Business Mailing Address						3 180-1016 0503 11914 01081 10191 50101 1381 01914 0101	. Dibli biri bi	
9800 SUNBEAM CENTER DR 9800 SUNBEAM CENTER DR						ĺ		
JACKSONVILLE FL 32257-1101 JACKSONVILLE FL 32257-110 US US						DO NOT WRITE IN THIS S	DAME	
US		ŲS				3. Date Incorporated or Qualified	II AOL	
1						08/01/1984		1
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number	Д	oplied For
21		26				59-2523956	ļ	ot Applicable
Stute, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				3. Certificate of status bestred: 11	Fee P	Required
City & Stat	e	Oity & State				6. Election Campaign Financing		May Be
23	The second secon	28	Ztp Country			Trust Fund Contribution	-,	to Fees
.Zip 24				ntry		8. This corporation owes or has paid the duri		ntangible
241	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax due June 30. L. 10. Name and Address of New Registered A		
41.	CKSON, LESTER MITCHELL	The state of the s		81	Name		-	·_ -
9600 SUNBEAM CENTER DRIVE					Character Hadat	from (D.O. Poy N. sphar is Not acceptable)		
JACKSONVILLE FL 32257				82	Street And	iress (P.O. Box Number is Not Acceptable)		}
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				84	City		85 Zip	Code
			į		•	FL.	1	1
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	les, the at	OOV!	named corp	poration submits this statement for the purpose of	changing	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonda 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								
12.	Signature, typed or printed name of registered agent		F. Hegistered	Agent	signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	hipecio	De IN 19
TITLE	PD	DELETE	11111	n F		Applitatoyoranges to entree to she	Change	Addition
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CITY-ST-ZIP		and the second s	64 CI	(Y-51-	/IP			
14. I hereby	certify that the information supplied wit	n this filing does not qualify t	or the exe	mptic	on stated in	Section 119.0/(3)(i), Florida Statutes. I further ce	tiry that the	e 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 of 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 an artistachment with an address.

SIGNATURE:

ATURE REQUIRE

12/31/97 99 268-1111