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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P07558

(0)

NETWORK MULTI-FAMILY SECURITY CORPORATION										
Principal Plac	e of Business	Ma	iling Address					- a debitééi (is ébeit sabet bitet bitat ibit etéte	GIELL GIDIL GIGAL	48 B 31 (PB
· ·			275 MIDWAY RD	AIDWAY RD						
SUITE 440			SUITE 440							
DALLAS TX 7	5244	D/ Us	ALLAS TX 75244					DO NOT WRITE IN TI	HIS SPACE	
08		U.	•					3. Date Incorporated or Qualified 09/27/1985		
	lace of Business	2a.	Mailing Address					4. FEI Number		Applied For
21		26					·	75-2050133		Not Applicable
Sulte, Apt.	#, etc.	27	Suite, Apt #, etc.					5. Certificate of Status Desired		5 Additional Required
City & Stat	е		City & State					6. Election Campaign Financing	\$5.0	May Be
23		28						Trust Fund Contribution		d to Fees
Zip	Country	\vdash	Z ip		ountry	1		8. This corporation owes or has paid the		
24	25	29		30				Personal Property Tax due June 30.	Yes	□ No
	9. Name and Address of Currer	nt Regist	ered Agent		81	Name		10. Name and Address of New Registe	red Agent	
	CORPORATION SYSTEM				"	ivaine				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324					82 Street Address (P.O. Box Number is Not Acceptable)					
					83					
					84	City			FL 85 Zi	p Code
Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registered agent and title if a subcatable (NOTE: Registered Agent Eignature required when reinstating) DATE										
12.	OFFICERS AN			13		эн відпація	e required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	P	L/ L/IIIL.C	DELETE		TITLE		P/1		X Change	
NAME	WILLIAMS, STEVE			1	NAME					_
STREET ADDRESS	14275 MIDWAY RD #440					ADDRESS				
CITY-ST-ZIP	DALLAS TX				CITY-S					
TITLE	8		DELETE		TITLE		s/:	r	☐ Change	e 🗶 Addition
NAME	\$TEPHEN D. PARKER			2.2	NAME		Mai	rilyn Dalton		
STREET ADDRESS	14275 MIDWAY RD, SUITE 44	Ю		2.3	STREET	ADDRESS		275 Midway Rd, Ste 440		}
CITY-ST-ZIP	DALLAS TX			2. 4	CITY-S	ST-ZIP		llas, TX 75244		
TITLE	D		X DELETE	3.1	TITLE		D		Change	e 🗶 Addition
NAME	JACULLO, PETER			3.2	NAME		Ste	eve Kitchens		Į
STREET ADDRESS	ONE GATEWAY CENTER #80)()		3.3	STREET	ADDRESS	14:	275 Midway Rd, Ste 440		
CITY-ST-ZIP	NEWTON MA 02158			3 4.	CITY-S	S1-21P	Da:	llas, TX 75244		
TITLE	VP		DELETE	1	TITLE				☐ Change	e 🔲 Addition
NAME	MCCOLPIN, PAT				NAME					
STREET ADDRESS	14275 MIDWAY RD #440			4.3	STREET	ADDRESS	1			
CITY-ST-ZIP	DALLAS TX		The steet		CITY-S	1-ZIP	 			
TITLE			☐ DELĒTĒ		TITLE		D		☐ Change	e 🙀 Addition
NAME				1	NAME			ta Sharp		
STREET ADDRESS						address	1	275 Midway Rd, Ste 440		
CITY-ST-Z#P			DELETE		CITY-5	T-ZiP		11as, TX 75244	☐ Change	a ladiia-
TITLE			☐ DELETE	1	TITLE		D		Criange	e 🙀 Addition
NAME					NAME			hn Rosenbarg		
STREET ADORESS				■ 6.33	SIRFET	ADDRESS	1 5 4	076 MIJA D.A. OF. 440		ſ

14. I 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 oath; 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 er or no altachment with an address.

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