

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

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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90078 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P07558

1. Corporation Name
NETWORK MULTI-FAMILY SECURITY CORPORATION



Principal Place of Business
 14275 MIDWAY RD
 SUITE 440
 DALLAS TX 75244
 US

Mailing Address
 14275 MIDWAY RD
 SUITE 440
 DALLAS TX 75244
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Addison
 24 Zip 75001 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Addison
 29 Zip 75001 30 Country

3. Date Incorporated or Qualified
 09/27/1985

4. FEI Number
 75-2050133 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent
 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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STEVE	1.2 NAME	
STREET ADDRESS	14275 MIDWAY RD #440	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	ST	2.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALTON, MARILYN	2.2 NAME	Stephen D. Parker
STREET ADDRESS	14275 MIDWAY RD, STE 440	2.3 STREET ADDRESS	14275 Midway Rd, Ste 440
CITY-ST-ZIP	DALLAS TX 75244	2.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITCHENS, STEVE	3.2 NAME	
STREET ADDRESS	14275 MIDWAY RD, STE 440	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLPIN, PAT	4.2 NAME	
STREET ADDRESS	14275 MIDWAY RD #440	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	Addison, TX 75001
TITLE	D	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, RITA	5.2 NAME	John E. Mack III
STREET ADDRESS	14275 MIDWAY RD, STE 440	5.3 STREET ADDRESS	6011 Bristol Pkwy
CITY-ST-ZIP	DALLAS TX 75244	5.4 CITY-ST-ZIP	Culver City, CA 90230
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, JOHN	6.2 NAME	
STREET ADDRESS	14275 MIDWAY RD STE 440	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/27/99 DAYTIME PHONE #: 972-990-9902

CR2E034 (11/98)