

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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000020103 (6)
 1. Corporation Name
SCOTT ALARM OF ST. AUGUSTINE, INC.



Principal Place of Business ATTN: TERI TRIMMER 200 E. LAS OLAS BLVD., #1400 FORT LAUDERDALE FL 33301	Mailing Address ATTN: TERI TRIMMER 200 E. LAS OLAS BLVD., #1400 FORT LAUDERDALE FL 33301-2248
--	---

3. Date Incorporated or Qualified 03/10/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3167903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Ste. 1200 City & State 23 Ft. Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste. 1200 City & State 28 Ft. Lauderdale, FL Zip 29 33301	Country 25 USA	Country 30 USA
---	--	--------------------------	--------------------------

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, HARRIS W 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, BRUCE 8381 DIX ELLIS TRAIL, SUITE 107 JACKSONVILLE FL 32258	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HANDLEY, RICHARD L 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUERIN, ROBERT 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINSON, RUSSELL S 8381 DIX ELLIS TRAIL, SUITE 107 JACKSONVILLE FL 32258	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEDDY, COURTLAND 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	1.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200	1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	3.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200	3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	4.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200	4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301
5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	6.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200	6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

14. I do 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.

SIGNATURE: *Richard L. Handley* **Richard L. Handley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954-713-5600
2/14/97

CR2E034 (9/96)