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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076166 (5)

1. Current Name
SUMMIT SECURITY ALARM & HOME AUTOMATION SYSTEMS, INC.

Principal Place of Business
10025 SUNSET STRIP
SUNRISE FL 33322

Mailing Address
10025 SUNSET STRIP
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22
23
24
25

2a. Mailing Address
26 3301 NW 97th Terr
27
28 Sunrise, Fl
29 33351
30 Broward

4. FEI Number: 65-0527071 ☐ 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. Does corporation owe back taxes, or interest thereon, to the State of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERNIN, ROBERT A
11461 N.W. 29TH MANOR
SUNRISE FL 33323

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 Section 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(S)

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE PD<br>NAME CHERNIN, ROBERT A<br>STREET ADDRESS 11461 N.W. 29TH MANOR<br>CITY-ST-ZIP SUNRISE FL 33323 | 11 TITLE ☐ Change ☐ Addition<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 21 TITLE ☐ Change ☐ Addition<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 31 TITLE ☐ Change ☐ Addition<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 41 TITLE ☐ Change ☐ Addition<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 51 TITLE ☐ Change ☐ Addition<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 61 TITLE ☐ Change ☐ Addition<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP |

14. I hereby certify that the information supplied with this filing is accurate and that such filing complies with the requirements of Section 607.0505, 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 above, or on an attachment with an address.

SIGNATURE: ✓ Robert A Chernin 4-20-95 746-4453
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0230020 CP