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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076166 (5)

SUMMIT SECURITY ALARM & HOME AUTOMATION SYSTEMS.

Principal Place of Business 11461 NW 29TH MANOR SUNRISE FL 33323

Mailing Address

P.O. BOX 450549

FILED Apr 14 1998 8:00am Secretary of State



SUNRISE FL 33345 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1994 2a. Mailing Address 26 11461 NW 29th Manor 2. Principal Place of Business 4. FEI Number Applied For 65-0527071 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Sunrise, FL \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 33323 30 USA Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHERNIN, ROBERT A 11461 N.W. 29TH MANOR Street Address (P.O. Box Number is Not Acceptable) 82 SUNRISE FL 33323 83 84 City 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 trin if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE **1.1 TITLE** Secy/Treasurer CHERNIN, ROBERT A NAME 1.2 NAME LARIT, LENORE J. 11461 N.W. 29TH MANOR STREET ADDRESS 1.3 STREET ADDRESS 11461 N.W. 29th MANOR SUNRISE FL 33323 CITY-ST-ZIP 1.4 CITY-ST-ZIP SUNRISE, FL 33323 DELETE Addition Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 affect 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 on an attachment mit an address.

SIGNATURE:

ROBERT A Chernin

984) 7463045