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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90207 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076166

1. Corporation Name

SUMMIT SECURITY ALARM & HOME AUTOMATION SYSTEMS, INC.

Principal Place of Business

11461 NW 29TH MANOR
SUNRISE FL 33323
US

Mailing Address

11461 NW 29TH MANOR
SUNRISE FL 33323
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1994

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 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

TITLE	PD	☐ DELETE
NAME	CHERNIN, ROBERT A	
STREET ADDRESS	11461 N.W. 29TH MANOR	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE	ST	☐ DELETE
NAME	LARIT, LENORE J	
STREET ADDRESS	11461 NW 29TH MANOR	
CITY-ST-ZIP	SUNRISE FL 33323	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
1.2 NAME	LOWE, DAVID	
1.3 STREET ADDRESS	2830 RIVERSIDE DR.	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Lenore J. Larit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secr. 4/29/99 (254) 726-8846
Date Daytime Phone #

CR2E034 (11/98)