


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

FILED
May 12 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 # P96000037926 (8)					
1. Corporation Name FRANK'S ALARM & SOUNDS, INC.					
Principal Place of Business 4006 NW 76 AVE. CORAL SPRINGS FL 33065			Mailing Address 4006 NW 76 AVE. CORAL SPRINGS FL 33065-2033		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report	
22 City & State		27 City & State		4. FEI Number 65-0662501	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ENCALADA, FRANCISCO 4006 NW 76 AVE. CORAL SPRINGS FL 33065				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ENCALADA, FRANCISCO				1.2 NAME	
STREET ADDRESS 4006 NW 76 AVE.				1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33065				1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME				4.2 NAME	
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5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME				6.2 NAME	
6.3 STREET ADDRESS				6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP	



CR2E034 (9/96)

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: *[Signature]* 04/30/97 (84) 344-4442