

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90141 011 ***150.00

DOCUMENT # 424632

1. Corporation Name
FLORIDA BURGLAR ALARM, INC.

Principal Place of Business

Mailing Address

13830 SW 34 STREET
MIAMI FL 33175

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MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1973

4. FEI Number

59-1556476

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

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

ALFONSO, LYDIA
13830 SW 34 STREET
MIAMI FL 33175

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PSTD	ALFONSO, LYDIA		
STREET ADDRESS	13830 SW 34 STREET		
CITY-ST-ZIP	MIAMI 33 175		
TITLE	D	2.1 TITLE	2.2 NAME
NAME	ALFONSO, DEBBIE		
STREET ADDRESS	13830 S.W. 34TH STREET	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33175		
TITLE	D	3.1 TITLE	3.2 NAME
NAME	SOLERNOU, RAFAEL J JR.		
STREET ADDRESS	13830 S.W. 34TH STREET	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33175		
TITLE		4.1 TITLE	4.2 NAME
NAME			
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE		5.1 TITLE	5.2 NAME
NAME			
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE		6.1 TITLE	6.2 NAME
NAME			
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)