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Feb 21 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 # 468262

(1)

1. Corporation Name
KERTZ SECURITY SYSTEMS, INC.



Principal Place of Business

~~%REPUBLIC INDUSTRIES, ATN: TERI M. TRIMMER~~
~~200 EAST LAS OLAS BLVD., STE. 1400~~
~~FT. LAUDERDALE FL 33301~~

Mailing Address

~~200 EAST LAS OLAS BLVD~~
~~SUITE 1400~~
~~FORT LAUDERDALE FL 33301-2248~~

2. Principal Place of Business

21 450 E. Las Olas Blvd.

22 Suite, Apt. #, etc.
Ste. 1200

23 City & State
Ft. Lauderdale, FL

24 Zip
33301

25 Country
USA

2a. Mailing Address

26 450 E. Las Olas Blvd.

27 Suite, Apt. #, etc.
Ste. 1200

28 City & State
Ft. Lauderdale, FL

29 Zip
33301

30 Country
USA

3. Date Incorporated or Qualified
01/10/1975

3a. Date of Last Report
03/15/1996

4. FEI Number
59-1566871

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 P ☐ DELETE
NAME BRAUSER, MICHAEL
STREET ADDRESS 1830 W BROWARD BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE VPD ☐ DELETE
NAME HUDSON, HARRIS W
STREET ADDRESS 200 EAST LAS OLAS BLVD, STE 1400
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VPS ☐ DELETE
NAME HANDLEY, RICHARD L
STREET ADDRESS 200 EAST LAS OLAS BLVD, STE 1400
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE AST ☐ DELETE
NAME PEDDY, COURTLAND
STREET ADDRESS 200 EAST LAS OLAS BLVD, STE 1400
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE AT ☐ DELETE
NAME NICHOLS, MICHAEL
STREET ADDRESS 1830 W BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE AS ☐ DELETE
NAME CLEMENTS, THOMAS A
STREET ADDRESS 200 EAST LAS OLAS BLVD, STE 1400
CITY-ST-ZIP FORT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 450 E. Las Olas Blvd., Ste. 1200
4.4 CITY-ST-ZIP Ft Lauderdale, FL 33301

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 450 E. Las Olas Blvd., Ste. 1200
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone #

CR2E034 (9/96)

954-713-5600

2/14/97