

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 526866 (9)

1. Corporation Name

TRIP-A-LARM CORPORATION



Principal Place of Business

160 SW 12TH AVENUE
STE 103
DEERFIELD BEACH FL 33442-3194

Mailing Address

160 SW 12TH AVENUE
STE 103
DEERFIELD BEACH FL 33442-3194

3. Date Incorporated or Qualified
03/03/1977

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 466 SW 12TH AVE

2a. Mailing Address

26 466 SW 12TH AVE

4. FEI Number

59-1717333

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Bldg 2

Suite, Apt. #, etc.

27 Bldg 2

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Deerfield Bch, FL

City & State

28 Deerfield Bch, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33442

County

25 Broward

Zip

29 33442

County

30 Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORSO, PHILIP P.
160 SW 12 AVE STE 105
DEERFIELD BCH. FL 33432

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

466 SW 12TH AVE

83

Bldg 2

84

Deerfield Bch, FL FL

85 Zip Code

33442

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
NAME COROSO, PHILIP P
STREET ADDRESS 6607 S GRANDE DRIVE
CITY-ST-ZIP BOCA RATON, FL 00000

1-TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Corso, Philip P
1.3 STREET ADDRESS 466 SW 12TH AVE, BLDG 2
1.4 CITY-ST-ZIP Deerfield Bch, FL 33442

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Philip P. Corso (Philip P. Corso) 4-26-96 (954) 428-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)