

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

FILED

Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **527574** (8)  
1. Corporation Name  
**HOME SECURITY SYSTEMS, INC.**

Principal Place of Business <b>1375 E AVE NO SARASOTA FL 34237 US</b>	Mailing Address <b>1375 E AVE NO SARASOTA FL 34237 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/10/1977</b>	
4. FEI Number <b>59-1965992</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KEEFE, ROBERT J. 1375 EAST AVE N SARASOTA FL 33577</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	PD. Keefe, Robert J			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, ROBERT J.		1.2 NAME	1375 East Ave N			
STREET ADDRESS	1375 EAST AVE. N.		1.3 STREET ADDRESS	Sarasota, FL 34237			
CITY - ST - ZIP	SARASOTA FL		1.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPKER, MARILYN M.		2.2 NAME				
STREET ADDRESS	1710 LEAN LANE		2.3 STREET ADDRESS				
CITY - ST - ZIP	SARASOTA FL		2.4 CITY - ST - ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, ROBERT J JR.		3.2 NAME				
STREET ADDRESS	13811 3RD AVE. E.		3.3 STREET ADDRESS				
CITY - ST - ZIP	BRADENTON FL		3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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.

SIGNATURE: *Marilyn M Spiker* 3/12/98 941-3166-9130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0454040

CR2E034 (10/97)