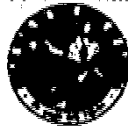


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 736383 (1)**

1. Corporation Name

**ALARM ASSOCIATION OF FLORIDA, INC.**

**APPROVED  
AND  
FILED**

95 APR 24 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

229 INTERLAKE BLVD  
LAKE PLACID FL 32852  
US

229 INTERLAKE BLVD  
LAKE PLACID FL 32852  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/12/1976</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>59-1877381</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>522 East Park Avenue</b>	26 <b>522 East Park Avenue</b>
Suite, Apt. #, etc. 22 <b>Suite 201</b>	Suite, Apt. #, etc. 27 <b>Suite 201</b>
City & State 23 <b>Tallahassee, Florida</b>	City & State 28 <b>Tallahassee, Florida</b>
Zip 24 <b>32301</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>32301</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>AARON, FRED</b> <b>2416 EXECUTIVE PLAZA RD</b> <b>LAKE PLACID FL 32504</b>		81 Name	<b>Jude Ann Burk</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>522 East Park Avenue, Suite 201</b>
		83	
		84 City	<b>Tallahassee</b>
		FL	85 Zip Code <b>32301</b>

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, 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 *Jude Ann Burk* **Jude Ann Burk, Executive Director** **April 19, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AARON, FRED</b>	1.2 NAME	<b>Aaron, Fred</b>
STREET ADDRESS	<b>2416 EXECUTIVE PLAZA RD</b>	1.3 STREET ADDRESS	<b>2416 Executive Plaza Road</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>	1.4 CITY - ST - ZIP	<b>Pensacola, Florida 32504-8260</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDGINS, HARVEY</b>	2.2 NAME	<b>Bellemare, Pierre</b>
STREET ADDRESS	<b>427 COLLEGE ST</b>	2.3 STREET ADDRESS	<b>1511 10th Street, West</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	<b>Bradenton, Florida 34204</b>
TITLE	<b>D</b>	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, HERB</b>	3.2 NAME	<b>Mims, David</b>
STREET ADDRESS	<b>403 TRESCA RD</b>	3.3 STREET ADDRESS	<b>420 North Duval Street</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	<b>Tallahassee, Florida 32301</b>
TITLE	<b>D</b>	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, JOHN</b>	4.2 NAME	<b>O'Connell, William</b>
STREET ADDRESS	<b>18 W FEE AVE</b>	4.3 STREET ADDRESS	<b>38 Federal Highway</b>
CITY - ST - ZIP	<b>MELBOURNE FL</b>	4.4 CITY - ST - ZIP	<b>Dania, Florida 33301</b>
TITLE	<b>SD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLEMARE, PIERRE</b>	5.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>1511 10TH ST, WEST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'CONNELL, WILLIAM</b>	6.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>2032 SCOTT ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	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)(g), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *Jude Ann Burk* **Jude Ann Burk** **4-19-95** **(904) 681-3200**