

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736383 (1)

1. Corporation Name  
**ALARM ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business: 522 EAST PARK AVENUE SUITE3201 TALLAHASSEE FL 32301 US  
Mailing Address: 522 EAST PARK AVENUE SUITE#201 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: 07/12/1976  
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business: 21 1349 East Lafayette St  
2a. Mailing Address: 26 1349 East Lafayette St  
22 Suite, Apt. #, etc.  
23 City & State: Tallahassee, FL  
24 Zip: 32301 25 Country: US  
27 Suite, Apt. #, etc.  
28 City & State: Tallahassee, FL  
29 Zip: 32301 30 Country: US

4. FEI Number: 59-1877381  
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: BURK, JUDE A 522 EAST PARK AVENUE, SUITE#201 TALLAHASSEE FL 32301  
10. Name and Address of New Registered Agent: 81 Name: Burk, Jude A. 82 Street Address (P.C. Box Number is Not Acceptable): 1349 East Lafayette Street 83 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jude Ann Burk, Exec. Director 4-15-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: AARON STREET ADDRESS: 2416 EXECUTIVE PLAZA ROAD CITY-ST-ZIP: PENSACOLA FL	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Aaron, Fred 1.3 STREET ADDRESS: 2416 Executive Plaza Road 1.4 CITY-ST-ZIP: Pensacola, FL 32504-8269	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BELLEMARE, PIERRE STREET ADDRESS: 1511 10TH STREET, WEST CITY-ST-ZIP: BRADENTON FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: Thodey, Clyde 2.3 STREET ADDRESS: 683 South Plumosa Street 2.4 CITY-ST-ZIP: Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: MIMS, DAVID STREET ADDRESS: 420 NORTH DUVAL STREET CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	3.1 TITLE: VD 3.2 NAME: Mims, David 3.3 STREET ADDRESS: 420 North Duval Street 3.4 CITY-ST-ZIP: Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: O'CONNELL, WILLIAM STREET ADDRESS: 38 FEDERAL HIGHWAY CITY-ST-ZIP: DANIA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: Donahou, Curtis 4.3 STREET ADDRESS: 1018 West SR 434, Suite 220 4.4 CITY-ST-ZIP: Longwood, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jude Ann Burk* Jude Ann Burk, Exec. Dir 4-15-96 904/681-3200  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)