FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

736383

(1)

ALAR	M ASSOCIATION OF FLOR	RIDA, INC.								
Principal Place of Business Mailing Address										
1349 EAST L TALLAHASSEI US	afayette \$\$† e fl 32301	1349 EAST LAFAYETTE ST TALLAHOSSEE FL 32301-4724 US								
		•				3. Date Incorporated or Qualified 07/12/1976	3a. Date of La 04/18/	st Report 1996		
2. Principa	Place of Business	28. Mailing Address 26				4. FEI Number 59-1877381		Applied For Not Applicable		
Suite, Ap	pt #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additionat Required		
City & S	tate	City & State	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees		
Zip 24	Country 25	Zip 29	Country 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes The Corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
BURK, JUDE A. 1349 EAST LAFAYETTE STREET TALLAHASSEE FL 32301				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)				
				83						
				84	City		FL 85	Zip Code		
11. Pursua office o agent.	int to the provisions of Sections 617. or registered agent, or both, in the S I am familiar with, and accept the o	.0502 and 617.1508, Flo itate of Florida, Such cha bligations of, Section 61	rida Statutes, the a inge was authorize 7.0503, Florida Sta	bove d by tutes	e-named corp the corporati	oration submits this statement for the pu ion's board of directors. I hereby accept	rpose of changing the appointment	ng its registered I as registered		
SIGNATUR		_								

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	Signature, typed or printed name of registered agent and title if app OFFICERS AND DIRECTOR		Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	PD OF TOLKS AND DIRECTO	XX DELETE	1.1 TITLE		Change	Addition						
NAME	AARON, FRED	XX	1.2 NAME	SD		An.						
STREET ADDRESS	2416 EXECUTIVE PLAZA ROAD		1.3 STREET ADDRESS	Hudgins, Harvey 3027 Plymouth Stre	a+							
	PENSACOLA FL			Jacksonville, FL	32205	ı						
CITY - ST - ZIP	TD	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		LT Change	X XAddition						
	, , , ,	□ pttrit		VD Dollask Pov	C Criange	ALE POURIOR						
NAME	THODEY, CLYDE JR		: 22 NAME	Pollack, Roy 206 NE 3rd Street								
STREET ADDRESS	683 SOUTH PLUMOSA STREET		2.3 STREET ADDRESS	Boynton Beach, FL	33435							
CHY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	BOYILON BEACH, PL								
TITLE	-DV-PROBIDENT	☐ DELETE	3.1 TITLE	PD	Change	Addition						
NAME	MIMS, DAVID		3.2 NAME									
STREET ADDRESS	420 NORTH DUVAL STREET		3.3 STREET ADDRESS									
CITY-SI-ZIP	TALLAASSEE FL		3.4. CITY-ST-ZIP									
TITLE	SD	X X OELETE	4.1 TITLE		☐ Change	☐ Addition						
NAME	DONAHOU, CURTIS		4. 2 NAME									
STREET ADDRESS	1018 WEST SR 434 SUITE 220		4.3 STREET ADDRESS									
CITY - ST - ZIP	LONGWOOD FL		4.4 CITY+ST-ZIP									
TITLE		DELETE	5.1 TITLE		Change	☐ Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY - ST - ZIP			5.4 CITY - ST - ZIP									
TITLE		☐ DELÉTE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY - ST - ZIP	an actiful that the information purching with this fi		6.4 CITY - ST - ZIP	140 07/07/0 51-41- 04-14								

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 reports 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 fusite empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if cychiged, of organ attachment with an address.

SIGNATURE

904-681-3200

Daytime Phone # 0007430

FILED

Apr 09 1997 8:00am

Secretary of State