

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

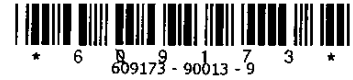
FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90013 009 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736383

1. Corporation Name
ALARM ASSOCIATION OF FLORIDA, INC.



Principal Place of Business 1710 S GADSDEN STREET TALLAHASSEE FL 32301 US	Mailing Address 1710 S GADSDEN STREET TALLAHASSEE FL 32301 US
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2. Principal Place of Business 21 1802 N University Dr Suite, Apt. #, etc. 22 PMB 329 City & State 23 Plantation Zip 24 33322	2a. Mailing Address 26 1802 N. University Dr Suite, Apt. #, etc. 27 PMB 329 City & State 28 Plantation Zip 29 33322	3. Date Incorporated or Qualified 07/12/1976	4. FEI Number 59-1877381	Applied For Not Applicable
Country 25 Broward	Country 30 Broward	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CRUM, EDIE M
 1710 S GADSDEN STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **Bob Neely**
 82 Street Address (P.O. Box Number is Not Acceptable)
1802 N University Dr
 83 **PMB 329**
 84 City **Plantation** FL 85 Zip Code **33322**

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 [Signature] **EXECUTIVE DIRECTOR** DATE **8-9-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YAUCHLER, RAY	
STREET ADDRESS	4900 SEMINOLE BLVD	
CITY-ST-ZIP	ST PETE FL 33708	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THODEY, CLYDE JR	
STREET ADDRESS	675 OLEANDER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MIMS, DAVID	
STREET ADDRESS	420 NORTH DUVAL STREET	
CITY-ST-ZIP	TALLAASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POLLACK, ROY	
STREET ADDRESS	206 NE 3RD ST	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	1721 Farmington Circle
4.4 CITY-ST-ZIP	Wellington FL 33414
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V/D
5.3 STREET ADDRESS	Robert Worthy
5.4 CITY-ST-ZIP	580-B Riverside Dr Coral Springs, FL 33071
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S/D
6.3 STREET ADDRESS	Robert Sammons
6.4 CITY-ST-ZIP	4016 43 AVE Vero Beach, FL 32960

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

SIGNATURE: [Signature] **ROY POLLACK** **President** DATE **8-14-99** DAYTIME PHONE # **800-899-2099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)