


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 848610 (2)					
1. Corporation Name MURRAY'S PERSONAL PROTECTION SHRIEK ALARM, INCORPORATED					
Principal Place of Business 2901 BONITA DR MOBILE AL 36606			Mailing Address 2901 BONITA DR MOBILE AL 36606		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualified 03/25/1981							
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.				4. FEI Number 63-0753331							
22 City & State				27 City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
23 Zip				28 Zip				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees							
24 Country				29 Country				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 NIXON, TARY L 224 E. INTENDENCIA STREET PENSACOLA FL 32501								10. Name and Address of New Registered Agent							
81 Name								82 Street Address (P.O. Box Number is Not Acceptable)							
83								84 City							
85 FL								86 Zip Code							

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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLOMB, MURRAY			1.2 NAME			
STREET ADDRESS	2901 BONITA DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MOBILE AL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLOMB, TODD W.			2.2 NAME			
STREET ADDRESS	2901 BONITA DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MOBILE AL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLOMB, NORMA			3.2 NAME			
STREET ADDRESS	2901 BONITA DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MOBILE AL			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:

Tary L. Nixon
TARY L. NIXON, GOLOMB

1/8/98

334-479-4687

CR2E034 (10/97)