

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 849063

(3)

1. Corporation Name

ADT SPECIALTY AUCTIONS, INC.

Principal Place of Business

C/O ADT AUTOMOTIVE INC.  
435 METROPLEX DRIVE  
NASHVILLE TN 37211  
US

Mailing Address

C/O ADT, INC.  
2255 GLADES RD  
BOCA RATON FL 33431-7882  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 1750 Clint Moore Rd.

Suite, Apt. #, etc.

27 PO Box 5035

City & State

28 Boca Raton, FL

Zip

29 33431-0835

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/07/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

38-1962772

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

TITLE ☐ DELETE

NAME ~~DC~~  
RICHARDSON, MICHAEL J.  
STREET ADDRESS 435 METROPLEX DR.  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME ~~P~~  
DRZAYICH, NICHOLAS  
STREET ADDRESS 435 METROPLEX DRIVE  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME ~~VP~~  
KIRBY, RONALD R JR.  
STREET ADDRESS 435 METROPLEX DR.  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME ~~TS~~  
BUZZELL, JAMES R.  
STREET ADDRESS 435 METROPLEX DR.  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME ~~AT~~  
RUZKA, STEPHEN J.  
STREET ADDRESS 2255 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ~~AS~~  
BECK, JAN S.  
STREET ADDRESS C/O ADT, INC., 2255 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)