

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

FILED

**May 07 1997 8:00am
Secretary of State**

**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 33491-7882
US**

3. Date Incorporated or Qualified **05/07/1981** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1750 Clint Moore Rd.**

22 City & State

27 **PO Box 5035**

23 Zip

28 **Boca Raton, FL**

24 Country

29 **33431-0835** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **Director** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE **Vice President** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE **Nicholas Drzayich** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE **Assistant Secretary** Change Addition
5.2 NAME **Steven J. Levine**
5.3 STREET ADDRESS **1750 Clint Moore Rd.**
5.4 CITY-ST-ZIP **Boca Raton, FL 33487**

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

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS **1750 Clint Moore Rd.**
6.4 CITY-ST-ZIP **Boca Raton, FL 33487**

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 _____ DATE **5/1/97**

CR2E034 (9/96)