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FILED

**Feb 26 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 # F94000003159 (0)

1. Corporation Name
CORONET SECURITY SYSTEMS, INC.



Principal Place of Business: **P.O. BOX 1168
BALTIMORE MD 21203**
Mailing Address: **P.O. BOX 1168
BALTIMORE MD 21203-1168**

3. Date Incorporated or Qualified: **06/16/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **52-1755561**
Applied For:
Not Applicable:

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROSENBERG, EDWARD L	
STREET ADDRESS	P.O. BOX 1168 N/A	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT P	
STREET ADDRESS	P.O. BOX 1168 N/A	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LAPAYOWKER, ANDREW	
STREET ADDRESS	P.O. BOX 1168 N/A	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PARKER, EDWARD M	
STREET ADDRESS	P.O. BOX 1168 N/A	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WHEELER JR, JOHN E	
STREET ADDRESS	P.O. BOX 1168 N/A	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAWLINGS, DOLORES B	
STREET ADDRESS	P.O. BOX 1168 N/A	
CITY-ST-ZIP	BALTIMORE MD	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: *John E. Wheeler Jr.* V.P. & Treasurer 1/27/97 539-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)