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**Apr 30 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 # F94000003273 (9)

1. Corporation Name
SENTRY ALARM SYSTEMS OF AMERICA, INC.



Principal Place of Business
**520 HOWARD COURT
CLEARWATER FL 34616**

Mailing Address
**520 HOWARD COURT
CLEARWATER FL 34616-1102**

3. Date Incorporated or Qualified
06/21/1994

3a. Date of Last Report
04/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3249187		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRIELING, JOHN B			1.2 NAME	John A. Grayman		
STREET ADDRESS	ONE INTERNATIONAL PLACE			1.3 STREET ADDRESS	900 S. Shackelford Rd. Ste 210		
CITY-ST-ZIP	BOSTON MA			1.4 CITY-ST-ZIP	Little Rock AR 72211		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRY, DAVID A			2.2 NAME	Stephen T. Refsell		
STREET ADDRESS	ONE INTERNATIONAL PLACE			2.3 STREET ADDRESS	900 S. Shackelford Rd Ste 210		
CITY-ST-ZIP	BOSTON MA			2.4 CITY-ST-ZIP	Little Rock AR 72211		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROONEY, JOHN J			3.2 NAME	John J Rooney		
STREET ADDRESS	520 HOWARD COURT			3.3 STREET ADDRESS	520 Howard Court		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	Clearwater, FL 34616		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, DAVID			4.2 NAME	David W. Carter		
STREET ADDRESS	3809 BERYL ROAD			4.3 STREET ADDRESS	3809 Beryl Rd		
CITY-ST-ZIP	RALEIGH NC			4.4 CITY-ST-ZIP	Raleigh, NC 27607		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAIN, J T			5.2 NAME	Lynn A. Bayer		
STREET ADDRESS	100 NORTH TYRON STREET - 7TH FLOOR			5.3 STREET ADDRESS	3809 Beryl Rd		
CITY-ST-ZIP	CHARLOTTE NC			5.4 CITY-ST-ZIP	Raleigh, NC 27607		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLIER, COLBY			6.2 NAME			
STREET ADDRESS	650 CIT DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	LIVINGSTON NJ			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.

CR2E034 (9/96)

John A. Grayman JOHN A. GRAYMAN PRES 210 S. SHACKLEFORD RD. STE 210 LITTLE ROCK AR 72211