

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000002306 (7)

1. Corporation Name
AUTOMATIC FIRE ALARM ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 951807 LAKE MARY FL 32795-1807
Mailing Address: P.O. BOX 951807 LAKE MARY FL 32795-1807

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 36-3630660
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
**NEIBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY FL 32746-4881**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TARLTON, PETER W	
STREET ADDRESS	273 BRANCHPORT AVE.	
CITY-ST-ZIP	LONG BEACH NJ 07740	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUNDY JR, JAMES M	
STREET ADDRESS	2594 OLD MILL RD.	
CITY-ST-ZIP	WANTAGH NY 11793-3237	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, DALE L	
STREET ADDRESS	P.O. BOX 3363	
CITY-ST-ZIP	LACY WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, DAVID E	
STREET ADDRESS	868 S. 21ST ST.	
CITY-ST-ZIP	LOUISVILLE KY 40210	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEIBAUER, LAWRENCE L	
STREET ADDRESS	P.O. BOX 951807 841 EAGLE CLAW CT.	
CITY-ST-ZIP	LAKE MARY FL 32746-4881	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KACZMAREK, ROBERT	
STREET ADDRESS	6033 S. LOOP EAST	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUCK, RICHARD H.S.
2.3 STREET ADDRESS	2323 W. MCGRAW ST. STE. 206
2.4 CITY-ST-ZIP	PHOENIX AZ 85029
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	800001844268
5.4 CITY-ST-ZIP	-05/30/96--01033--041
6.1 TITLE	***61.25 <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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. L. NEIBAUER 4/29/96 (407) 322-6288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)