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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2499 OLANE MARY Suite, Apt. #, etc. 22 STE 102 City & State 23 SANFORD, FL Zip 24 32771 Country 25 USA	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 <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEUBAUER, LAWRENCE L
841 EAGLE CLAW CT.
LAKE MARY FL 32746-4881**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	BOARD CHAIRMAN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARLTON, PETER W	1.2 NAME	BUCK, RICHARD H. S
STREET ADDRESS	273 BRANCHPORT AVE.	1.3 STREET ADDRESS	2323 W. MESCAL ST., STE-206
CITY-ST-ZIP	LONG BEACH NJ 07740	1.4 CITY-ST-ZIP	PHOENIX, AZ 85029
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	BOARD VICE-CHAIRMAN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDY JR, JAMES M	2.2 NAME	FRANK CARINEO
STREET ADDRESS	2594 OLD MILL RD.	2.3 STREET ADDRESS	269 BROVE ST
CITY-ST-ZIP	WANTAGH NY 11793-3237	2.4 CITY-ST-ZIP	NEWTON, MA 02466
TITLE	S/T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, RICHARD H.S.	3.2 NAME	BECKER, DAVID E.
STREET ADDRESS	2323 W. MESCAL ST., STE 206	3.3 STREET ADDRESS	868 S. 21ST ST
CITY-ST-ZIP	PHOENIX AZ 85029	3.4 CITY-ST-ZIP	LOUISVILLE, KY 40210
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, DAVID E	4.2 NAME	
STREET ADDRESS	868 S. 21ST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40210	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBAUER, LAWRENCE L	5.2 NAME	
STREET ADDRESS	841 EAGLE CLAW CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746-4881	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2000-0000 11/15/97 (407) 322-688

CR2E037 (9/96)