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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
4. FEI Number 36-3630660	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 2499 Ocala Lake Mary Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 STE 102 City & State	27 City & State
23 SAFORD, FL Zip Country	28 Zip Country
24 32771 25 USA	29 30

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 **FL** 85 Zip Code

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 checked="" type="checkbox"/> DELETE
NAME	TARLTON, PETER W	
STREET ADDRESS	273 BRANCHPORT AVE.	
CITY-ST-ZIP	LONG BEACH NJ 07740	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MUNDY JR, JAMES M	
STREET ADDRESS	2594 OLD MILL RD.	
CITY-ST-ZIP	WANTAGH NY 11793-3237	
TITLE	S/T	<input checked="" type="checkbox"/> DELETE
NAME	BUCK, RICHARD H.S.	
STREET ADDRESS	2323 W. MESCAL ST., STE 206	
CITY-ST-ZIP	PHOENIX AZ 85029	
TITLE	D	<input checked="" 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	841 EAGLE CLAW CT.	
CITY-ST-ZIP	LAKE MARY FL 32746-4881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BOARD CHAIRMAN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUCK, RICHARD H. S	
1.3 STREET ADDRESS	2323 W. MESCAL ST, STE-206	
1.4 CITY-ST-ZIP	PHOENIX, AZ 85029	
2.1 TITLE	BOARD VICE-CHAIRMAN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK CARINEO	
2.3 STREET ADDRESS	269 BROVE ST	
2.4 CITY-ST-ZIP	NEWTON, MA 02466	
3.1 TITLE	SECRETARY/TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BECKER, DAVID E.	
3.3 STREET ADDRESS	868 S. 21ST ST	
3.4 CITY-ST-ZIP	LOUISVILLE, KY 40210	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **NEIBAUER** 11/5/97 (407) 322-6288

CR2E037 (9/96)