

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90020 013 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002306

1. Corporation Name

**AUTOMATIC FIRE ALARM ASSOCIATION, INC**

Principal Place of Business

**2499 OLOHANE MARY-102  
 SANFORD, FL 32771**

Mailing Address

**P.O. Box 951807  
 LAKE MARY, FL  
 32795-1807**

\* 5 4 8 6 4 5 - 9 0 0 2 0 - 1 3 5 \*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/1/53 (TENNIS)
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	36-3430660
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**LAWRENCE L. NEIBAUER  
 P.O. Box 951807  
 LAKE MARY, FL 32795-1807**

10. Name and Address of New Registered Agent

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	CHAIRMAN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES M. MUNOY, JR.	1.2 NAME	
STREET ADDRESS	1594 OLD MILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WANTACH, NY 11793-9081	1.4 CITY-ST-ZIP	
TITLE	VICE CHAIRMAN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM E. KOFFEL	2.2 NAME	
STREET ADDRESS	3300 N. R. DICK RD. STE 120	2.3 STREET ADDRESS	
CITY-ST-ZIP	GALLIOTT, MD 21043	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. BECKER	3.2 NAME	
STREET ADDRESS	868 S. 21ST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY 40210	3.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L.L. NEIBAUER	4.2 NAME	
STREET ADDRESS	P.O. Box 951807	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32795-1807	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

**L.L. NEIBAUER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99**  
 Date

**(407) 322-6288**  
 Daytime Phone #

CR2E037 (11/98)