

FILE NOW: FILING FEE IS \$61.25

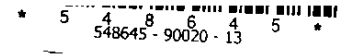
**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <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 <b>2499 OLOHANS MARY-102 SANFORD, FL 32771</b>	Mailing Address <b>P.O. Box 951807 LAKE MARY, FL 32795-1807</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>11/53 (ILLINOIS)</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>36-3430660</b> ✓
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>LAWRENCE L. NEIBAUER P.O. Box 951807 LAKE MARY, FL 32795-1807</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CHAIRMAN</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>JAMES M. MUNDY, JR.</b>	1.2 NAME		
STREET ADDRESS <b>1594 OLD MILL RD.</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP <b>WANTON, NY 11793-9081</b>	1.4 CITY-ST-ZIP		
TITLE <b>VICE CHAIRMAN</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>WILLIAM E. KOPPEL</b>	2.2 NAME		
STREET ADDRESS <b>3300 N. R. DICK RD. STE 120</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP <b>GALLICOTT, MD 21043</b>	2.4 CITY-ST-ZIP		
TITLE <b>SECRETARY/TREASURER</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>DAVID E. BECKER</b>	3.2 NAME		
STREET ADDRESS <b>868 S. 21ST ST.</b>	3.3 STREET ADDRESS		
CITY-ST-ZIP <b>LOUISVILLE, KY 40210</b>	3.4 CITY-ST-ZIP		
TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>L.L. NEIBAUER</b>	4.2 NAME		
STREET ADDRESS <b>P.O. Box 951807</b>	4.3 STREET ADDRESS		
CITY-ST-ZIP <b>LAKE MARY, FL 32795-1807</b>	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 4/27/99 (407) 322-6288  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)