

F9500002977

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

200001513332
-06/15/35--01019--002
*****78.75 *****78.75

W95-12256

SUBJECT: COMPUTERIZED SECURITY SYSTEMS, INC.
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DENNIS R. PIETA

(Name of Person)

COMPUTERIZED SECURITY SYSTEMS, INC

(Firm/Company)

1015 N MC KENZIE ST

(Address)

FOLEY, AL 36535

(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 12:17

Should you need to call someone concerning this matter, please call:

DENNIS R. PIETA

(Name of Person)

at (334) 943 - 6692

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 16, 1995

DENNIS R. PIETA
1015 N. MCKENZIE ST.
COMPUTERIZED SECURITY SYSTEMS, INC.
FOLEY, AL 36535

SUBJECT: COMPUTERIZED SECURITY SYSTEMS, INC.
Ref. Number: W95000012256

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We have received your document for COMPUTERIZED SECURITY SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

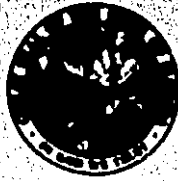
The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501, F.S., must be set forth in section 6 of the application. If the corporation has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office is required to collect the minimum civil penalty of \$500 for each year other than the application filing year, that a foreign corporation transacts business in this state without authority along with the past annual report fees due this office.)

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.



FLORIDA DEPARTMENT OF STATE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

**Michael Mays
Document Specialist**

Letter Number: 095A00029595

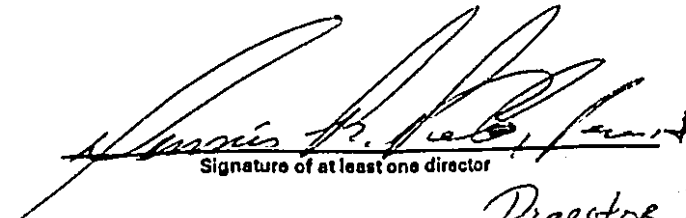
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DIVISION OF CORPORATIONS
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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned DENNIS R. PIETA, do hereby certify
that this Resolution of the Board of Directors of COMPUTERIZED SECURITY SYSTEMS, INC.,
a corporation duly organized and existing under the laws of the State of ALABAMA,
was duly adopted on 8/22, 1986.

Resolved, that COMPUTERIZED SECURITY SYSTEMS, INC. OF ALABAMA, organized
and existing in the State of FLORIDA, hereby adopts the
name COMPUTERIZED SECURITY SYSTEMS, INC. OF ALABAMA for use in Florida.

Dated: 6/19/95


Signature of at least one director
Director, CEO

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Computerized Security Systems Incorporated
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Alabama 3. 63-0936200
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/22/86 5. "PERPETUAL"
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. "UPON QUALIFICATION"
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 1015 N Mc Kenzie St.
Foley, AL 36535
(Current mailing address)

8. Installation of Burglar and Fire Alarms
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: DENISE DE VERIES
Office Address: 3106 LAS BRISAS
PENSACOLA, FL 32526, Florida,
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this application, I hereby accept the appointment as
registered agent and agree to act in this capacity. I further agree to comply with the provisions
of all statutes relative to the proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to
delivery of this application to the Department of State, by the Secretary of State or other official
having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS
JUN 20 PM 12:17

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: DENNIS R. PIETA

Address: 1015 N MCKENZIE ST
FOLEY, AL 36535

Vice Chairman: CHARLES LAY

Address: HC 70 BOX 3305
FOLEY, AL 36535

Director: ALLAN da COSTA

Address: 32928 RIVER ROAD
ORANGE BEACH, AL 36561

Director: _____

Address: _____

B. OFFICERS

President: DENNIS R. PIETA

Address: 1015 N MC KENZIE ST
FOLEY, AL 36535

Vice President: CHARLES LAY

Address: HC 70 BOX 3305
FOLEY, AL 63535

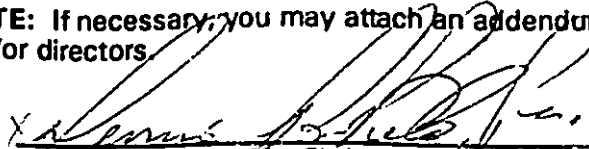
Secretary: THOLAN HAYNES

Address: 9285 BAY POINT DRIVE
ELBERTA AL 36530

Treasurer: C.L. ENNIS

Address: 450 VILLAGE DR
DAPHNE AL 36526

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DENNIS R. PIETA PRESIDENT
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS
95 JUN 20 PM 12:17

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Computerized Security Systems, Inc. incorporated in Baldwin County, Foley, Alabama on August 22, 1986. I further certify that the records do not disclose that said Computerized Security Systems, Inc. has been dissolved.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 12:17

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

June 9, 1995

Date

Jim Bennett

Jim Bennett

Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED
AND
FILED

96 OCT 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002977 (5)**

1. Corporation Name

COMPUTERIZED SECURITY SYSTEMS, INC. OF ALABAMA

Principal Place of Business

Mailing Address

1015 N. MC KENZIE ST.
FOLEY AL 36535

1015 N. MC KENZIE ST.
FOLEY AL 36535

REINSTATEMENT 1996

3. Date Incorporated or Qualified 08/20/1995	3a. Date of Last Report
4. FEI Number 63-0936200	Applied For <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OF. VERIES, DENISE
3106 LAS BRISAS
PENSACOLA FL 32528**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Denise Veries

(NOTE: Registered Agent signature required when reinstating)

DATE

10/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	PIETA, DENNIS R	
STREET ADDRESS	1015 N. MCKENZIE ST	
CITY-ST-ZIP	FOLEY AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAY, CHARLES	
STREET ADDRESS	HC 70 BOX 3305	
CITY-ST-ZIP	FOLEY AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, ALLAN D	
STREET ADDRESS	32828 RIVER ROAD	
CITY-ST-ZIP	ORANGE BEACH AL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAYNES, THOLAN	
STREET ADDRESS	9285 BAY POINT DRIVE	
CITY-ST-ZIP	ELBERTA AL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ENNIS, C L	
STREET ADDRESS	450 VILLAGE DR	
CITY-ST-ZIP	DAPHNE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100001991281--4
1.3 STREET ADDRESS	-10/30/96--01130--012
1.4 CITY-ST-ZIP	***375.00 ***375.00
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	21410 LAY COTR
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	REINSTATEMENT 1996
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	10-25-96
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/96

943-6692