

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000005694 1. Corporation Name AMERICAN ALERT, INC.		99 APR 13 PM 12:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6501 ARLINGTON EXPWY BUILDING B, STE 201 JACKSONVILLE, FL 32211		Mailing Address 540 E. McNAB SUITE C POMPANO BEACH, FL 33060	
2. Principal Place of Business 21 See above Suite, Apt. #, etc.		2a. Mailing Address 26 See above Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent Verdelle Barrington 13236 Grant Logan Lane Jacksonville, FL 32225		10. Name and Address of New Registered Agent 81 Name C. ANTHONY RUMORE 82 Street Address (P.O. Box Number is Not Acceptable) 540 E. McNab Road (Suite C) 83 84 City POMPANO BEACH FL 85 Zip Code 33060	
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 C. Anthony Rumore		4/9/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD 2. NAME George Michael Holmes 3. STREET ADDRESS 6501 Arlington Expressway 4. CITY-ST-ZIP Building B, Ste 201 Jacksonville, FL 32211		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	
15. 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 607, 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.		16. 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 607, 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: George Michael Holmes, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GEORGE MICHAEL HOLMES, President

4/9/99

1-888-861-8661  
Daytime Phone #