

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90147 024 ***150.00

DOCUMENT # F98000000179

1. Corporation Name

SECURITY TECHNOLOGIES MONITORING, INC.

Principal Place of Business

101 CARNEGIE CENTER: SUITE 105
PRINCETON NJ 08540

Mailing Address

101 CARNEGIE CENTER: SUITE 105
PRINCETON NJ 08540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

52-0819819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 150 So. Pine Island Rd.

Suite, Apt. #, etc.

22 #100

City & State

23 Plantation FL

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 150 So. Pine Island Rd.

Suite, Apt. #, etc.

27 #100

City & State

28 Plantation FL

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input checked="" type="checkbox"/> DELETE
NAME	LANDIS, MARK	
STREET ADDRESS	150 S. PINE ISLAND ROAD SUITE 100	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	WALIN, STEVEN	
STREET ADDRESS	150 S. PINE ISLAND ROAD SUITE 100	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, PERRY	
STREET ADDRESS	150 S. PINE ISLAND ROAD SUITE 100	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Chariman, Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Landis	
1.3 STREET ADDRESS	150 So. Pine Island Rd. #100	
1.4 CITY-ST-ZIP	Plantation FL 33324	
2.1 TITLE	President, COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven E. Walin	
2.3 STREET ADDRESS	150 So. Pine Island Rd. #100	
2.4 CITY-ST-ZIP	Plantation FL 33324	
3.1 TITLE	VP Technology	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Perry Levine	
3.3 STREET ADDRESS	150 So. Pine Island Rd. #100	
3.4 CITY-ST-ZIP	Plantation FL 33324	
4.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jules Kroll	
4.3 STREET ADDRESS	150 So. Pine Island Rd. #100	
4.4 CITY-ST-ZIP	Plantation FL 33324	
5.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	J. Murfree Butler	
5.3 STREET ADDRESS	150 So. Pine Island Rd. #100	
5.4 CITY-ST-ZIP	Plantation FL 33324	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Landis, Vice Chairman of the Board, Secretary

4/12/99 (954) 424-5999

Date

Daytime Phone #

CR2E034 (1/98)