FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:14

DOCUMENT # **G60725** **(0)**

1. Corporation Name
FIRE ALARM SERVICE CORPORATION

Principal Place of Business
12226 HAZEN AVE.
P.O. BOX 749
THONOTOSASSA FL 33592

Lyndhurst

Mailing Address
Stuyvesant
107 BROWMONT AVENUE
LYNHURST NJ 07071
US

PO Box 908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1983	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2347396	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

TETER, ROBIN
12226 HAZEN AVE
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name: Robert Shear, Esq
82 Street Address (P.O. Box Number is Not Acceptable): Prestige Plaza, Suite 230
83 2600 McCornick Drive
84 City: Clearwater Florida FL 85 Zip Code: 34619

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], Robert Shear — 3/31/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	REID, EDWARD P.	1.2 NAME	
STREET ADDRESS	4 BEVERLY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	SHANLEY, JOSEPH	2.2 NAME	
STREET ADDRESS	288 W. WEBSTER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELLE PARK NJ	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PARYLAK, DOLORES C.	3.2 NAME	
STREET ADDRESS	398 EDGEWOOD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUTHERFORD NJ	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	FRALEIGH, PAUL, W	4.2 NAME	
STREET ADDRESS	1101 MAXIMO ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] — 3/14/95 — 201 460-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD P. REID, Pres.

039A081 FP