

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # G60725 (0)**

1. Corporation Name  
**FIRE ALARM SERVICE CORPORATION**



Principal Place of Business: **12226 HAZEN AVE. P.O. BOX 749 THONOTOSASSA FL 33592**  
Mailing Address: **STUYVESANT P. O. BOX 908 LYNHURST NJ 07071 US**

3. Date Incorporated or Qualified: **09/22/1983**      3a. Date of Last Report: **04/04/1995**  
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      25 Country  
24

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

9. Name and Address of Current Registered Agent  
**SHEAR, ROBERT ESQ. PRESTIGE PLAZA, SUITE 20 2800 MCCORMICK DRIVE CLEARWATER FL 34619**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code: **FL**

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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> DELETE |
| NAME           | REID, EDWARD P.     |                                 |
| STREET ADDRESS | 4 BEVERLY ROAD      |                                 |
| CITY-ST-ZIP    | MADISON NJ          |                                 |
| TITLE          | AS                  | <input type="checkbox"/> DELETE |
| NAME           | SHANLEY, JOSEPH     |                                 |
| STREET ADDRESS | 288 W. WEBSTER AVE. |                                 |
| CITY-ST-ZIP    | ROSELLE PARK NJ     |                                 |
| TITLE          | SD                  | <input type="checkbox"/> DELETE |
| NAME           | PARYLAK, DOLORES C. |                                 |
| STREET ADDRESS | 398 EDGEWOOD PLACE  |                                 |
| CITY-ST-ZIP    | RUTHERFORD NJ       |                                 |
| TITLE          | VD                  | <input type="checkbox"/> DELETE |
| NAME           | FRALEIGH, PAUL, W   |                                 |
| STREET ADDRESS | 1101 MAXIMO ST      |                                 |
| CITY-ST-ZIP    | CLEARWATER FL       |                                 |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    | <b>200001813302</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | <b>-05/08/96--01054--888 821</b>   |
| 2.3 STREET ADDRESS | <b>***200.00</b>   |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | <b>3301 Bayshore Blvd Suite 2309</b>   |
| 4.4 CITY-ST-ZIP    | <b>Tampa FL 33629</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

5-1-96

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 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]* Edward P. REID 4/29/96 201-460-7007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytona Phone #

CR2E084 (12/95)