

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H12699** (5)

1. Corporation Name
ALARMS BY PROTECTUS, INC.

Principal Place of Business 3515 REYNOLDS RD. LAKELAND FL 33803	Mailing Address P.O. BOX 5737 LAKELAND FL 33807-5737
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3. Date Incorporated or Qualified 07/17/1984	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2434015	Applied For <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**ROBINSON, VERA R
3517 CRESTWOOD CT.
LAKELAND FL 33813**

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 ☒ **XXXXXXXXXXXXXXXXXXXX** DATE ☒

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, VERA R	
STREET ADDRESS	3517 CRESTWOOD COURT	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, DAVID	
STREET ADDRESS	781 SAGEWOOD	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GANEY, WALTER M	
STREET ADDRESS	2628 TRINITY CIRCLE N.W.	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JAMES D	
STREET ADDRESS	3517 CRESTWOOD COURT	
CITY - ST - ZIP	LAKELAND FL 33813	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George V. Flag	
1.3 STREET ADDRESS	Holmes Protection, Inc.	
1.4 CITY - ST - ZIP	440 Ninth Ave., New York, NY 10001	
2.1 TITLE	Vice President - Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lawrence R. Irving	
2.3 STREET ADDRESS	Holmes Protection, Inc.	
2.4 CITY - ST - ZIP	440 Ninth Ave New York, New York 10001	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dennis M. Stern	
3.3 STREET ADDRESS	Holmes Protection, Inc.	
3.4 CITY - ST - ZIP	440 Ninth Ave New York, New York 10001	
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		
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		

14. I do 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.

SIGNATURE: ☒ **XXXXXXXXXXXXXXXXXXXX** SIGNATURE REQUIRED **Secretary** **212-629-1228**
XXXXXXXXXXXXXXXXXXXX **4/24/97**

CR2E034 (9/96)