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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H14881

(7)

Mailing Address

ALLSAFE SECURITY SYSTEMS, INC.

FILED									
Feb 18 1997 8:00an]								
Secretary of State									

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9600 SUNBEAN JACKSONVILLE US	I CENTER DR FL 32257-1101	9600 Jaci Us	SUNBEAM CENTER (SONVILLE FL 3225)	R DR 7-1101						
							 Date Incorporated or Qualified 08/01/1984 	3a. Date of La 05/14/19		
2. Principal Pla	ace of Business	2a. M	lailing Address				4. FEI Number		Applied For	
21		26					59-2523956		Not Applicable	
Suite, Apt. 4	#, etc.	27 S	uite, Apt. #, etc.					75 Additional e Required		
City & State 23)	28	city & State				Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip 24	Country 25	29 29	ip	30 Coi	intry		This corporation has liability for in Florida Statutes	ntangible tax und Yes No	er s. 199.032,	
4-1	9. Name and Address		red Agent	1001	T		10. Name and Address of New Registered Agent			
JAC	KSON LESTER MITCH	4FI I			81	Name				
			82 Street Address (P.O. Box Number is Not Acceptable)							
JAC	KSONVILLE FL 32257				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 .								DATE		
12.	Signature typing or proved name of	FICERS AND DIRECT		13.	o Age	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TILE	PD	TICE NO AND DIRECT	DELETE	1.1 T	TI F		ADDITIONS/CHANGES TO OFFIC	Chai		
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NAME	9600 SUNBEAM CE			1.2 N						
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TITLE			☐ DELETE	2.1 T				☐ Chai	nge L Addition	
NAME				2.2 N	AME					
STREET ADDRESS				2.3 S	TREET	ADDRESS				
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MAME				3.2 N	AME	-				
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NAME					AME	-				
STREET ADDRESS						ADDRESS	•			
City-S1-7IP	ur port for the tribe informat	tion rugol ad with this	filing dogs not sup			T-ZIP	ted in Section 119 07/3Vi). Florida Statute	. I further certify	that the	

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 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 in changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97

904-268-7283

rytime Phone #