

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

APPROVED
AND
FILED

93 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # **H55359** (4)
1. Corporation Name
AMERICAN SECURITY ALARMS, INC.

Principal Place of Business 3970 TAMPA RD STE. G OLDSMAR FL 34677 US	Mailing Address 3970 TAMPA RD STE. G OLDSMAR FL 34677 US
--	--

DO NOT WRITE IN THIS SPACE

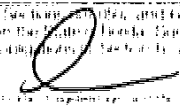
2. Principal Place of Business 21	2a. Mailing Address 26
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State
24. City	29. City
25. County	30. County

3. Date incorporated or chartered 05/03/1985	3a. Date of last report 07/26/1994
4. FEI Number 59-2532503	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has failed for intangible tax under S. 191.032, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**FABEC, DENNIS
234 JEAN STREET
PALM HARBOR FL 34683**

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 190.01, 190.02, and 190.03, Florida Statutes, the above-named corporation signifies 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, thereby accept the appointment as registered agent. I am familiar with and accept the duties imposed by Section 190.03, Florida Statutes.

SIGNATURE:  PRES. 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME VSD	1. NAME PETTIT, RICHARD L.	2. NAME PTD	2. NAME FABEC, DENNIS
2. STREET ADDRESS 721 19TH SREET	2. STREET ADDRESS 234 JEAN STREET	3. NAME D	3. NAME FABEC, RAYMOND
3. CITY, STATE, ZIP PALM HARBOR FL	3. CITY, STATE, ZIP PALM HARBOR FL	4. NAME 1409 63RD. ST. W.	4. NAME BRADENTON FL
4. CITY, STATE, ZIP	4. CITY, STATE, ZIP	5. NAME	5. NAME
5. NAME	5. NAME	6. NAME	6. NAME
6. STREET ADDRESS	6. STREET ADDRESS	7. NAME	7. NAME
7. CITY, STATE, ZIP	7. CITY, STATE, ZIP	8. NAME	8. NAME
8. NAME	8. NAME	9. NAME	9. NAME
9. STREET ADDRESS	9. STREET ADDRESS	10. NAME	10. NAME
10. CITY, STATE, ZIP	10. CITY, STATE, ZIP	11. NAME	11. NAME
11. NAME	11. NAME	12. NAME	12. NAME
12. STREET ADDRESS	12. STREET ADDRESS	13. NAME	13. NAME
13. CITY, STATE, ZIP	13. CITY, STATE, ZIP	14. NAME	14. NAME
14. NAME	14. NAME	15. NAME	15. NAME
15. STREET ADDRESS	15. STREET ADDRESS	16. NAME	16. NAME
16. CITY, STATE, ZIP	16. CITY, STATE, ZIP	17. NAME	17. NAME
17. NAME	17. NAME	18. NAME	18. NAME
18. STREET ADDRESS	18. STREET ADDRESS	19. NAME	19. NAME
19. CITY, STATE, ZIP	19. CITY, STATE, ZIP	20. NAME	20. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(2), Florida Statutes. I further certify that the information included 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, in the case of a director employed by or under the control of the corporation, I am a director of the corporation, and that my name appears on Block 12 of this filing.

SIGNATURE:  PRES. 4/28/95 (813) 887-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS FABEC