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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation	MENT # H665	54 (7)				
ACTION	N ALARMS SYSTEMS, INC	C.				
Principal Place of Business Mailing Address  FRANK J. MORALES  FRANK J. MORALES			-			
7300 W. MCN TAMARAC FL	VAB RD., SUITE 112 , 33321-5329	7300 W. MCNAB RD., TAMARAC FL 33321-53		3. Date Incorporated or Qualified 07/15/1985	3a. Date of Last F 05/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #	t ata	26 Suite, Apt. #, etc.		59-2554977	\$8.7	Not Applicable  Additional
Soile, Apr. #	#, etc.	27		5. Certificate of Status Desired	1 7 7 7 7 7	Required
Orty & State		City & State		Election Campaign Financing     Trust Fund Contribution		May Be
Zip	Country	Zip	Country	B. This corporation has liability for i		199.032,
1	[25]	29	30	Florida Statutes Yes  10. Name and Address of New R	No	
	9. Name and Address of Curi	rent Hegistered Agent	81 Name	10. Name and Address of New N	egisteren Agent	<del></del>
MORALE	ES, FRANK J.		B2 Street Add	dress (P.O. Box Number is Not Acceptab	nle)	
	MCNAB RD.			1625 (1.0. 20x (Vall.25) 15 (Vol. 1665) 16	····	
SUITE 1			83			
TAMARAC FL 33319			84 City		FL 85 Z	ip Code
4 Discussit	to the provisions of Sections 607 OF	502 and 607.1508, Florida Statut	es, the above-named corpo	oration submits this statement for the pur	roose of changing its	registered office
1. Pursuant to or registere familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of FI th, and accept the obligations of, Se	lorida. Such change was authoriz ection 607.0505, Florida Statutes	ted by the corporation's books.	oration submits this statement for the pur and of directors. I hereby accept the apport	roose of changing its	registered office d agent. I am
1. Pursuant to or registere familiar wit SIGNATURE _	to the provisions of Sections 607.05 ed agent, or both, in the State of FI th, and accept the obligations of, Section 1.5 squature, typed or printed name of registered ag	lorida. Such change was authoriz ection 607.0505, Florida Statutes	red by the corporation's boa	ard of directors. I hereby accept the appo	rpose of changing its ointment as registered DATE	DRS IN 12
Pursuant to or registere familiar with SIGNATURE	to the provisions of Sections 607.05 red agent, or both, in the State of FI th, and accept the obligations of, So Signature, typed or printed name of registered as OFFICERS /	lorida. Such change was authorizection 607.0505, Florida Statutes	TE. Registered Agent signature recurrence  13.  1.1 TITLE	ard of directors, I hereby accept the appoint	rpose of changing its ointment as registered DATE	a agent. I am
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SIGNATURE:

ONATORE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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