Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90036 007 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOC	JMENT	# .	1521	a 1
	J V C V	" .	ו שטנ	וסו

1. Corporation Name SAFEHOME SECURITY SYSTEMS				
Principal Place of Business	Mailing Address		I IBAILIA BYBY BYLIA YIERY LIBIA YALAY ILAH ALAKI AN	#11 BI\$11 BIB11 BIB11 BIB11 14B1
710 OAKFIELD DR. SUITE 135 BRANDON FL 33511 US	PO BOX 1770 BRANDON FL 33509-1770		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed 01/13/1987	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2752132	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country 24 25	Zip 3	Country 30	 This corporation owes the current year Inter Personal Property Tax. 	angible □Yes □No
9 Name and Address of Curr			10. Name and Address of New Registered	Agent
ABERNATHY, DONALD R. 612 MARPHILL LOOP BRANDON FL 33511		81 Name 82 Street A 77/18	Abernathy, Dor ddress (P.O. Box Number is Not Acceptable) OAKFIELD Dr.	12/0 R. STE#135
		84 City	BRANDON FL	85 Zip Code 35//
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stal agent, I am familiar with, and accept the oblig 	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.050\$, Floric	s, the above-named or thorized by the corpora da Statufes	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoin	changing its registered itment as registered
	aThy Pres Wille	Registered Agent signature req	uired when reinstering) DATE	9
· · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE PTSD	☐ DELETE	11 TITLE	DIRECTOR Charlotte W. Abern	Change Addition
NAME ABERNATHY, DONALD R.		1.2 NAME	Charlotte W. Fiberia	
STREET ADDRESS 612 MARPHILL LOOP		1.3 STREET ADDRESS	6/2 Marphill LOOF	, , _ //
CITY-ST-ZIP BRANDON FL		1.4 CITY-ST-ZIP	Brandon, FL 3	<u> 35 </u>
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		1
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME	·	
STREET ADDRESS		3.3 STREET ADDRESS		•
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		

14. I 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 T?TLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

Addition

Addition