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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J74294

1. Corporation Name

(6)

ALARM SECURITY SYSTEMS, INC.

FILED Feb 04 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address									
		% ROGER HORN	•						
% ROGER HORN 5690 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 US			5690 W GULF TO LAKE HWY						
		CRYSTAL RIVER US	CRYSTAL RIVER FL 34429-7555			3. Date incorporated or Qualified			eport
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number	1 7 77		oplied For
21		26				59-2811816		No	ot Applicable
Suite, Apt #, etc.		Suite, Apt #	Suite, Apt #, etc.			5. Certificate of Status Desired See Require			
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be			
23 Zip	Country	28	Co	untr		Trust Fund Contribution 8. This corporation has liability for it			
24	25	29	30	,			Yes [. 100,000,
24	g. Name and Address of Curi		1001			10. Name and Address of New Re-	lstered	Agent	
UЛD	N, ROGER			81	Name				
	IN, ROGER) W GULF TO LAKE HWY			82	0	(D.C. Farancia National Accordance	1-1		
	STAL RIVER FL 34429				Street Add	Iress (P.O. Box Number is Not Acceptab	ie)		
URI	SIAL HITCH FL 34468			83			· · · · · · · ·		
, ,				84	City			85 Zip	Code
				<u> </u>	<u> </u>		FL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
office or r	to the provisions or sections 607.0 registered agent, or both, in the Starr tamilia, with, and account the ob-	ate of Florida. Such challingations of, Section 607	nge was authorize 10505, Florida Sta	ed by	y the corpore s.	poration submits this statement for the pation's board of directors. I hereby accept	t the app	ointment as	registered
SIGNATURE	Agriadae 14-od or printed James of registered	agent and title it applicable.	(NOTE: Register	ed Ap	ent signature requ	ired when reinstaling)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
THTLE	P		ELETE 1.1	IIILE				☐ Change	Addition
NAME	HORN, ROGER L.		1.2 (NAME					
STREET ADDRESS	PO BOX 1628	n/A	1.3 9	STREE	T ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL 344	23	1.41	CITY-S	ST-ZIP				
TITLE	ST		ELETE 2.1	TITLE				Change	Addition
NAME	HORN, JENNIFER		2.21	NAME					
STREET ADDRESS	PO BOX 1628	n/A	2.3	STREE	T ADDRESS	No. 1			
CiTY-ST-ZIP	CRYSTAL RIVER FL 34	423		-	ST-ZIP			T-1 2:	
TITLE		LJ [ELETE 3.1	TITLE				Change	Addition
NAME				NAME					
STREET ACIDRESS					T ADDRESS				
CITY-ST-Z:P				_	·ST - ZIP			TT China	Addition-
TITLE		ال		TITLE				Change	Addition
NAME				NAMÉ					
STREET ADDRESS					T ADDRESS				
CITY-S1-ZIP		Пг			ST-ZIP			Change	Addition
Totle		ا ليبا		TITLE	1			T Autorite	AUGINON
NAME				NAME					
STREET ADDRESS					T ADDRESS				
C(TY-ST-Z)P				CITY - TITLE	ST-ZIP			Change	Addition
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NAME Proser about no				NAME exocc	1				
STREET ADDRESS					T ADORESS				
CHTY-\$1-ZIP	1		6.4	UIIY-	ST-ZIP				

14. 1 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Roger Horn

1-7-97

352-795-138

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