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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J99545

(2)

1. Corporation Name SAFE AND SECURE ALARMS INC. Principal Place of Business Mailing Address Moseph Peter Drevenak 13590 Cooper Road SPRING HILL FL 34609 SPRING HILL FL 34609 SPRING HILL FL 34609-8838							
					3. Date Incorporated or Qualified 10/15/1987	3a. Date of Las 05/01/1996	
2. Principa! F 21	Place of Business	2a. Mailing Address			4. FEI Number 59-2864205		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable 5 Additional
City & Sta	te	City & State	~		6. Election Campaign Financing		Required
ı ´		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zφ	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25] 9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
DRF	EVENAK, JOSEPH PETER	iit Kadistalan Wasiit	81	Name	IV. Hallie Bild Addiess of Hen Ne	gistered Agent	
	90 COOPER RD.		82	Street Add	ress (P.O. Box Number is Not Acceptab	lo)	
SPRING HILL FL 34609					ress (r.o. box Number is Not Acceptat		
			83				
			84	City		85 Z	ip Code
11 Quecuast	to the provisions of Contions 607 050	22 and 607 1509 Florida State	toc the about	a named son	poration submits this statement for the p	FL 69 2	a ite registered
office or agent 1	registered agent, or both, in the State and familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607,0505, F	authorized by lorida Statute	y the corpora	tion's board of directors. I hereby accep	ot the appointment	as registered
SIGNATURE			*******************			··········	***************************************
12.	Signature: typed or profied name of registered ag	ent and title if applicable (NO ID DIRECTORS	TE: Registered Ag	ant signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECT	ORS IN 12
THE	P DELETE		1.1 TITLE			Chang	
NAME	DREVENAK, JOSEPH PETER		1.2 NAME				
STREET ADDRESS	13590 COOPER RD.		1.3 STREE	ADDRESS			
CITY - ST - ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP				
TITLE	VTS DELETE		2.1 TITLE			☐ Chang	ge 🔲 Addition
NAME	DREVENAK, ILLUMINADA		2.2 NAME	ļ	4 ,		
INVESTIGATION SPRING HILL FL			2.3 STREET ADDRE		7 ,		
CITY-ST ZIP	SPYRING HILL FL DELETE		2. 4 CITY-	ST-ZIP		☐ Chang	ge Addition
TULE		F" I DEFEIF	3.1 TITLE 3.2 NAME	.		L chang	le Monsiqui
NAME STHEET ADDRESS				F ADDRESS			
CHY-ST-ZIP			3.4. City-				
TILE		☐ DELETE	4.1 TITLE	01.74		☐ Chang	ge Addition
NAME		the second of	4. 2 NAME	1			
STREET ADDRESS				r address			
City - ST - ZiP			4.4 CITY-5				
THILE		☐ DELETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREE	T ADDRESS			
CITY - S1 - ZIP			5.4 CITY - 1	ST - ZIP			
TITLE		DELETE	61 TITLE			☐ Chan	ge Addition
NAME			6.2 NAME	Į			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - ST - ZIP			6.4 CITY - 9	ST-ZIP			

14. 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 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:

THE AND WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/97 352-688.2