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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENI#	<sup>†</sup> J99548	5	(2)							
l		RE ALARMS INC		• •							
יאנו	AND SECON	IE ALAINING INC	•					1 1802108 Sind 18118 Willia Still State	11 61 64 B164	n Andan Asban Ala	at Brait 1881
							- 1				
Principal Place of Business			Mailing	Mailing Address				I NOBINIA BIND IDERO (DADI BIRIN DIDUK BI		1 \$1011 <b>0</b> 1011 <b>2</b> 101	10 01841 <b>18</b> 01
% JOSEPH PETER DREVENAK			% JOSEPH PETER DREVENAK				[				
13590 COOPER ROAD			13590 COOPER ROAD								
SPRING HILL	FL 34609		SPRINC	SPRING HILL FL 34809				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. Principal F	Place of Busines	s	2a. Mailing Address				-	10/15/1987 4. FEI Number			pplied For
21				26				59-2864205			ot Applicable
Suite, Apt.	₩, etc.			Suite, Apt. #, etc.							Additional
22			27					5. Certificate of Status Desired			equired
City & Stat	te		- · ·	City & State				6. Election Campaign Financing		\$5.00	May Be
23				28				Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	<b>├</b>		Country		8. This corporation owes or has pa			
24 25 29 30 9. Name and Address of Current Registered Agent								Personal Property Tax due June 10. Name and Address of New Re			_] No
D.D.					81	Name		IV. ITEMIO MILO POCCIONE DI ITOM PIO	Aletol on	- Agent	
DREVENAK, JOSEPH PETER 13590 COOPER RD.					-			75.0 h			
	RING HILL FL		82 Street A			Address	s (P.O. Box Number is Not Acceptate	ole)			
J, (					83						
					84	City				11 -	
						FL   S   S   S   S   S   S   S   S   S					
11. Pursuant	to the provision	s of Sections 607.050	2 and 607.15	08, Florida Statul	es, the abov	e-named o	corpore	ation submits this statement for the parties board of directors. I hereby accept	urpose c	f changing it	is registered
agent. I a	m familiar with,	and accept the oblig	ations of, Soc	tion 607.0505, FI	orida Statute	y the corps 8.	oration	s board or directors. I hereby accep	ot the app	ointment as	registered
SIGNATURE											
Signature, typed or printed name of registered agent and little if applicable (NOTE  12. OFFICERS AND DIRECTORS						eni signature r	w beniuper	hen reinstating)	DATE	DIDEATOR	20.0140
TITLE	P	OF ICENS AN	DINECTOR	DELETE	13. 1.1 TITLE	·		ADDITIONS/CHANGES TO OFFIC	ERS ANI	Change	Addition
RAME	DREVENAK	, JOSEPH PETER			1.2 NAME					Unango	L reduien
STREET ADDRESS	13590 COC			1.3 STREET ADDRESS							
CITY-ST-ZIP	SPRING HI				1.4 CITY-S						
TITLE	VTS			DELETE	21 TITLE					Change	Addition
NAME		, illuminada			2.2 NAME						
STREET ADDRESS	13590 COC			2.		2.3 STREET ADDRESS					
CITY-ST-ZIP	SPRING HI	LL FL			2. 4 CITY-	ST - ZIP					
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NAME					3.2 NAME						
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CITY-ST-ZIP TITLE				DELETE	3.4. CITY - 5	ST-ZIP					<u> </u>
NAME					4.1 TITLE					Change	☐ Addition
STREET ADDRESS					4. 2 NAME 4.3 STREET	ANDRESS					
CITY-ST-ZIP					4.3 STREET						
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME	İ					
STREET ADDRESS					5.3 STREET	ADDRESS					}
CITY-ST-ZIP					5.4 CITY - S	T-ZIP					
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS	•			6.3 STREET	ADDRESS						
CITY-ST-ZIP					6.4 CITY - S	T-ZIP					f

14. Thereby 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 it changed or on an attachment with an address 3126885555