

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K26971** (7)

1. Corporation Name

**ARMOR ALARM SERVICE, INC.**



Principal Place of Business

Mailing Address

**8930 STATE ROAD 84 #174  
DAVIE FL 33324-1441**

**8930 STATE ROAD 84 #174  
DAVIE FL 33324-1441**

3. Date Incorporated or Qualified  
**06/24/1988**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business  
21 **8362 PINES BOULEVARD**

2a. Mailing Address  
26 **8362 PINES BOULEVARD**

4. FEI Number  
**65-0056260**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **196**

Suite, Apt. #, etc.  
27 **196**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **PEMBROKE PINES**

City & State  
28 **PEMBROKE PINES**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
24 **33024 USA**

Zip Country  
29 **33024 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSEN, RANDAL GARY  
8930 STATE ROAD 84  
SUITE 174  
DAVIE FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**8362 PINES BOULEVARD #196**

83

84

**PEMBROKE PINES**

**FL**

85

**Zip Code 33024**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PSD**  
STREET ADDRESS **OLSEN, RANDAL GARY**  
CITY-ST-ZIP **8930 STATE ROAD 84  
DAVIE FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **8362 PINES BOULEVARD**  
1.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **OLSEN, SELENA**  
CITY-ST-ZIP **8930 STATE ROAD 84  
DAVIE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **8362 PINES BOULEVARD**  
2.4 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/96 954-4369527**

CR2E034 (12/95)