FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -1 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K31520** **(5)**

1. Corporation Name
TRUE-TECH AUTO SECURITY, INC.

Principal Place of Business	Mailing Address
16850 N.W. 33RD CT MIAMI FL 33056	16850 N.W. 33RD CT MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/18/1988	08/01/1994

2. Principal Place of Business	2a. Mailing Address
21 20286 NW 2ND AVE	26
Suite, Apt. #, etc. 22 MIAMI	Suite, Apt. #, etc. 27 -
City & State 23 FL	City & State 28
Zip / Country 24 33169 / 25 DADE	Zip / Country 29 / 30

4. FEI Number: 65-0067454 ☐ Applied For ☐ Not Applicable

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

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

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
FICE, WILLIAM E. 16850 N.W. 33RD CT MIAMI FL 33056	81 Name: TYRONE FICE 82 Street Address (P.O. Box Number is Not Acceptable): 20730 NW 7 AVE # 210 83 84 City: MIAMI FL 85 Zip Code: 33169

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] Tyrone Fice 7/26/95
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	PDMD	11 TITLE	PDMD	☑ Change ☐ Addition
NAME	FICE, TYRONE M	12 NAME	FICE, TYRONE	
STREET ADDRESS	16850 NW 33RD CT.	13 STREET ADDRESS	20730 NW 7 AVE #210	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33169	
TITLE	CD	21 TITLE	VP MD	☑ Change ☑ Addition
NAME	FICE, WILLIAM E	22 NAME	FICE, JEROME L	
STREET ADDRESS	16850 N.W. 33RD CT	23 STREET ADDRESS	16850 NW 33 CT	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL	
TITLE	SDT	31 TITLE		☐ Change ☐ Addition
NAME	FICE, LUCRETIA L	32 NAME		
STREET ADDRESS	16850 N.W. 33RD CT	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: [signature] Tyrone Fice 7/26/95 35-720-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

011203 CP