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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90039 013 ***150.00

DOCL	JMENT	# K	38462
_			

1. Corporation		•							
ALARM N	Masters, Inc.								
								eri didir i ee i	
Principal Place of Business Mailing Address									
40 HIGH POINT RD 40 HIGH POINT RD									
#5 #5 TAVERNIER FL 33070 TAVERNIER FL 33070				DO NOT WRITE IN	THIS SPAC	CE			
US	-	US			3. Date Incorporated or Qualifed				
					10/12/1988				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			lied For	
21		26			65-0076307		Not 3.75 Ac	Applicable	=
	#, etc.	Suite: Apt: #; etc.			5. Certifcate of Status Desired		Fee Req		
City & State	a ·	City & State			6. Election Campaign Financing		5.00 N		
23		28			Trust Fund Contribution		Added to		
Žip	Country	Zip	Country	y	8. This corporation owes the current ye		le .		
24	25	29 3	0		Personal Property Tax.	Y		⊠ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	tered Agen	<u>t</u>		
11VC	DC DUILID W		81	Name	,				
	rs, Philip W. Iigh point RD #5		82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	ERNIER FL 33070		83	 				· · · · · · · · · · · · · · · · · · ·	
1710	CHARLE GOOT O		65	'					
			84	1 City		FL 85	Zip C	ode	
L	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	/e_named corn	oration submits this statement for the purp		ging its n	egistered	-
							4	istored	
11. Pursuant office or re	egistered agent, or both, in the State	of Florida. Such change was auti	horized by	the corporation	on's board of directors. I hereby accept the	appointmer	ıı as r e gi	istered	
4	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by la Statute:	the corporations.	oration submits this statement for the purpon's board of directors. I hereby accept the	appointmer	ii as regi	istered	
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age			the corporations.	d when reinstating) D.	ATE .			í
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	Registered Age			ATE RS AND DI	RECTOR	RS IN 12	100
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI DVST, President	ant and title if applicable. (NOTE: R	13.	ent signature required	d when reinstating) D.	ATE RS AND DI			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W.	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating) D.	ATE RS AND DI	RECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ant signature required	d when reinstating) D.	ATE RS AND DI	RECTOR	RS IN 12	
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W.	ant and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ant signature required	d when reinstating) D.	RS AND DI	RECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE	ent signature required ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ent signature required	d when reinstating) D.	RS AND DI	RECTOR Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMESTREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ent signature required ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ent signature required ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.4 CITY-1	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-1 21 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 32 NAME	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	nt and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-1 21 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 32 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) D.	ATE RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMESTREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) D.	ATE RS AND DI	RECTOR Change Change	RS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	nt and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13. 1.1 ITLE 12 NAME 1.3 STREE 14 CITY- 2.1 ITLE 22 NAME 23 STREE 24 CITY- 3.1 ITLE 32 NAME 33 STREE 34. CITY- 4.1 ITLE 4.2 NAME	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) D.	ATE RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	nt and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13. 1.1 ITILE 12 NAME 1.3 STREE 14 CITY- 2.1 ITILE 22 NAME 2.2 STREE 2.4 CITY- 3.1 ITILE 32 NAME 3.3 STREE 34. CITY- 4.1 ITILE 4.2 NAME 4.3 STREE 4.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating) D.	ATE RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	13. 1.1 ITILE 12 NAME 1.3 STREE 14 CITY- 2.1 ITILE 22 NAME 2.2 STREE 2.4 CITY- 3.1 ITILE 32 NAME 3.3 STREE 3.4 CITY- 4.1 ITILE 4.2 NAME 4.3 STREE 4.4 CITY-	ent signature required ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	nt and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13. 1.1 ITLE 12 NAME 1.3 STREE 14 CITY- 2.1 ITILE 22 NAME 23 STREE 32 NAME 33 STREE 34 CITY- 4.1 ITILE 4 2 NAME 43 STREE 44 CITY- 5.1 ITILE	ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY- 2.1 TITLE 22 NAME 23 STREE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 4 2 NAME 43 STREE 44 CITY- 5.1 TITLE 52 NAME	ent signature required ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY- 2.1 TITLE 22 NAME 23 STREE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 4 2 NAME 43 STREE 44 CITY- 5.1 TITLE 52 NAME	ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	ant and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	13. 1.1 ITILE 12 NAME 1.3 STREE 14 CITY- 2.1 ITILE 22 NAME 22 STREE 24 CITY- 3.1 ITILE 32 NAME 33 STREE 34 CITY- 4.1 ITILE 4 2 NAME 4 3 STREE 4 CITY- 5.1 ITILE 52 NAME 53 STREE 53 STREE 53 STREE 54 STREE	ET ADDRESS ST-ZIP ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DVST, President MYERS, PHILIP W. 40 HIGH POINT RD #5	nt and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 ITILE 12 NAME 1.3 STREE 14 CITY- 2.1 ITILE 22 NAME 2.2 STREE 2.4 CITY- 3.1 ITILE 32 NAME 33 STREE 34 CITY- 4.1 ITILE 4.2 NAME 4.3 STREE 4.2 ITILE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 ITILE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS ST-ZIP	d when reinstating) D.	RS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition Addition	

CITY-ST-ZIP 14. I 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 an all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 💆