

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K46726** (1)
1. Corporation Name
ALARM SECURITY CONTRACTORS, INC.

Principal Place of Business

301 NW 64TH AVE
MIAMI FL 33126

Mailing Address

301 NW 64TH AVE
MIAMI FL 33126

FILED
Jul 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1988

4. FEI Number
65-0102778 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

28. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

MILLS, P. CONNER
301 NW 64TH AVE
MIAMI FL 33126

61 Name

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

63

64 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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: *P. CONNER MILLS*

Signature typed or printed in ink or registered agent, and the date signed

(NOTE: Registered Agent signature required when translating)

DATE: *6/25/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, P. CONNER		1.2 NAME
STREET ADDRESS	301 NW 64TH AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, SHERRY		2.2 NAME
STREET ADDRESS	301 NW 64TH AVE		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, MICHAEL L.		3.2 NAME
STREET ADDRESS	301 N.W. 64 AVE.		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 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 on an attachment with an address.

SIGNATURE: *P. CONNER MILLS*

CR2E034 (10/97)