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

APPROVED AND FILED

95 APR 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89948 (9)

1. Corporation Name

A & E ALARM AND SECURITY, INC.

Principal Place of Business	Mailing Address
18320 PAULSON DRIVE UNIT D PORT CHARLOTTE FL 33954 US	18320 PAULSON DRIVE UNIT D PORT CHARLOTTE FL 33954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1989
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business	2a. Mailing Address
21 18290 PAULSON DRIVE	26 18290 PAULSON DRIVE
Suite, Apt. #, etc. 22 UNIT A4	Suite, Apt. #, etc. 27 UNIT A4
City & State 23 MURDOCK, FLORIDA	City & State 28 MURDOCK, FLORIDA
Zip: 24 33954 Country: 25 USA	Zip: 29 33954 Country: 30 USA

4. FEI Number: 65-0117780 ☐ 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
ROTHFUSS, ARTHUR J. 677 GAINES STR PORT CHARLOTTE FL 33952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 677 GAINES STREET, N.W. 83 84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ROTHFUSS, ARTHUR J.	12 NAME	
STREET ADDRESS	677 GAINES STR	13 STREET ADDRESS	677 GAINES STREET, N.W.
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP	PORT CHARLOTTE, FLORIDA 33952
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SOLERO, JOHN	22 NAME	
STREET ADDRESS	4126 ABBOTS FORD ST	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	24 CITY-ST-ZIP	NORTH PORT, FLORIDA 34287
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	ROTHFUSS, KATHLEEN S.	32 NAME	
STREET ADDRESS	677 GAINES STR	33 STREET ADDRESS	677 GAINES STREET, N.W.
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	PORT CHARLOTTE, FLORIDA 33952
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: KATHLEEN S. ROTHFUSS Kathleen S. Rothfuss 4/17/95 (813)625-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036980 CP