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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K89948

1. Corporation Name

A & E ALARM AND SECURITY, INC.

(9)

FILED
Jan 14 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address									
18290 PAULSO	n drive	18290 PAULSON DR							
UNIT A4		UNIT 4A							
MURDOCK FL : US	33954	MURDOCK FL 33954-1047 US				0.00	T 5- 5-		
						3. Date Incorporated or Qualified 05/22/1989		te of Last R 3/1996	seport
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				65-0117780			ot Applicable
Suite. Apt	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip	Cou	ntry	, , , , , , , , , , , , , , , , , , , ,	8. This corporation has liability for in	ntangible	tax under s	. 199.032,
24	25	29	30			Florida Statutes	Yes [] No	
	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered /	Agent .	
	'HFUSS, ARTHUR J.			81	Name				
677	GAINES ST NW		ŀ	82	Street Aridre	ess (P.O. Box Number is Not Acceptable	۱۵		
POR	IT CHARLOTTE FL 33952			-	Oli CCI riddi C	33 (1.0. Dox Namber 13 Not Acceptable	0)		
				83					,
1				84	City			lor 1 7:-	Onda
				D**	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the at	DOVE	e-named corpo	oration submits this statement for the pu	rpose of	changing i	ts registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a itions of Section 607.0505. Flo	authorizeo orida Stat	d by utes	y the corporations	on's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE					-				
SIGNATURE	Superior types or process on the extremel agen	dano ble rapolicable (NOT	f Registered	i Age	ent signature require	d when roinstaling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
THE	P	☐ DELETE	1.1 T)	TLE				Change	Addition
NAME	ROTHFUSS, ARTHUR J.		12 NA	ME					
STREET ADDRESS	677 GAINES ST NW		13 ST	REFT	ADDRESS				
CITY-ST-ZIP	PT CHARLOTTE FL		1.4 CI	TY-S	ST-ZIP				
TITLE	VP	DELETE	21 1)	TLE				Change	Addition
NAME	SOLERO, JOHN		22 NA	ME					
STREET ADDRESS	4126 ABBOTS FORD ST		2.3 ST	REET	ADDRESS				
CITY - S1 - ZIP	N PT CHARLOTTE FL		2 4 C	ITY-S	ST-ZIP				
TITLE	ST	DELETE	3 † TI	TLE				☐ Change	Addition
NAME	ROTHFUSS, KATHLEEN S.		3.2 NA	AME		•			
STREET ADDRESS	677 GAINES ST NW		33 ST	REET	ADDRESS				
CITY - S1 - ZiP	PT CHARLOTTE FL		3.4 C	IIY-S	ST-ZIP				
TITLE		DELETE	4.1 TI					Change	Addition
NAME			4. 2 N	AME				=	
STREET ADDRESS					ADDRESS				
City - St - ZIP					ST-ZIP				
TITLE		DELETE	5 1 11					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			1		T ADDRESS				
DiTY-S1-ZIP			•		ST-ZIP				
TITLE		DELETE	6.1 10		zi - Zij			Change	Addition

14. To 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 inclinated or 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 eath; that I am an officer or director of the composition 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.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE: Karllen & Karllen Kritleen S. Rothfuss 13/97 (941) 625-4000