


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

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Secretary of State

03-09-1999 90030 043 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K89948					
1. Corporation Name A & E ALARM AND SECURITY, INC.					
Principal Place of Business 18290 PAULSON DRIVE UNIT A4 MURDOCK FL 33954 US			Mailing Address 18290 PAULSON DR UNIT 4A MURDOCK FL 33954 US		
2. Principal Place of Business 21 677 Gaines Street, NW Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 381056 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/22/1989	
City & State 23 Port Charlotte, FL		City & State 28 Murdock, FL		4. FEI Number 65-0117780 Applied For <input type="checkbox"/> Not Applicable	
Zip 24 33952		Zip 29 33938-1056		Country 30 USA	
9. Name and Address of Current Registered Agent ROTHFUSS, ARTHUR J. 677 GAINES ST NW PORT CHARLOTTE FL 33952			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 <i>[Signature]</i> 2-25-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHFUSS, ARTHUR J.		1.2 NAME	WAMPNER, MARK D.	
STREET ADDRESS	677 GAINES ST NW		1.3 STREET ADDRESS	677 GAINES ST, NW	
CITY-ST-ZIP	PT CHARLOTTE FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLERO, JOHN		2.2 NAME	ADKINS, JAMES A.	
STREET ADDRESS	4126 ABBOTS FORD ST		2.3 STREET ADDRESS	4217 NETTLE ROAD	
CITY-ST-ZIP	N PT CHARLOTTE FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHFUSS, KATHLEEN S.		3.2 NAME		
STREET ADDRESS	677 GAINES ST NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 **(941) 625-4000**
Date Daytime Phone #

CR2E034 (11/98)

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