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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K97290

(6)

CERTIFIED ALARM INC.

Principal Place of Business Mailing Address C/O RICHARD YUTZY 3606 GORMAN DRIVE Mailing Address C/O RICHARD YUTZY 3606 GORMAN DRIVE

FILED Apr 30 1997 8:00am Secretary of State



C/O RICHARD YUTZY 3006 GORMAN DRIVE		C/O RICHARD YUTZY 3606 GORMAN DRIVE	3606 GORMAN DRIVE							
NEW PORT RIC	HEY FL 34655	NEW PORT RICHEY FL :	34655-2602			3. Date Incorporated or Qualified 06/22/1989		te of Last F 9/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	01/2		pplied For	
21		26				27-0566186	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					F-7		Additional	
22		27	H-7			5. Certificate of Status Desired			Required	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Z _i p	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 Name and Address of Curr	29	30			Florida Slatutes Yes X No 10. Name and Address of New Registered Agent				
VIIT	ZY, RICHARD	TOTAL REGISTORED MYSTIL		81	Name	10. Name and Address of New Reg	IBIOTOG A	gent		
					TTO TO					
3606 GORMAN DR NEW PORT RICHEY FL 34655				82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)			
1151	TOM MOULT IL 01000			83						
				84	City		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	s authorize	d by	the corporat	poration submits this statement for the pution's board of directors. I hereby accept	urnoco of	changing i intment as	ts registered registered	
SIGNATURE	with and decept the de	Todoo. Tod Honoba No enomble	i lorida ota	ti (US	•					
SIGNATIONE	Signature, typed or printed name of registered	agent and title if applicable (N	O1E Registers	d Age	nt signature requir	red when reinstaling)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	D	∐ DELETE	1.1 (1	TLE				Change	Addition [
NAME	YUTZY, RICHARD		1.2 N	AME					;	
STREET ADDRESS	3606 GORMAN DR		B B		ADDRESS				ļi	
CITY-ST-ZIP	NEW PORT RICHEY FL	DELLIE		ITY-S	1 - ZIP			- -		
TITLE		ר מוננונ	DELETE 2.1 TI				l	Change	Addition 1	
NAME			2.2 N		4000000					
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP TITLE		DELETE	2.4 C	HY-S	01 - 718'			Change	Addition	
NAME			3.2 N/				•	onlange	Madition	
STREET ADDRESS					ADDRESS				ľ	
CITY-ST-ZIP				ITY-S	1					
TITLE		DELETE	4.1 1		· -:			Change	☐ Addition	
NAME			4. 2 N	IAME						
STREET ADDRESS			4.3 S1	IREET.	address					
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP					
TITLE		DELFTE	5.1 1/	TLE.				Change	Addition	
NAME			5.2 NA	AME						
STREET ADDRESS			5.3 ST	IREET :	ADDRESS					
CITY-ST-ZIP		···	5.4 CI	TY-\$1	I - 7IP					
TITLE		☐ DELETE	6.1 TC	TLE				Change	☐ Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 S1	IREET (ADDRESS					
CITY-ST-ZIP			6.4 CI	14-51	I - ZIP				j	

14. I do 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.

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Dialling With

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(013/ 37/-074)