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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07743

(2)

ALARM CONNECTIONS, INC.

FILED Feb 03 1998 8:00am Secretary of State



			,	<u> </u>	
Principal Place of Business Mailing Address					
10097 CLEARY BLVD. SUITE 205 10097 CLEARY BLVD. SUITE			E 205		
PLANTATION FL 33324		PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
:				08/09/1989	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0149210	Not Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		90	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
	nson, timothy v.		81 Name		
4322 NW 95 WAY			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33351			83		
					[] 7 0 (
			84 City	F	
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					
40	Signature typed or printed name of registered a	gent and lifte if applicable (NOTE) ND DIRECTORS	Registered Agent a gnature request. 13.	ADDITIONS/CHANGES TO OFFICERS A	
12.	P8	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HINSON, TIMOTHY V.		1.2 NAME		
	4322 NW 95 WAY		1.3 STREET ADDRESS		
STREET ADDRESS	SUNRISE FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	BARBAROTTA, PAUL		2.2 NAME		_ • -
STREET ADDRESS	6131 NW 42 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		Change Addition
NAME	HINSON, DEBRA I.		3.2 NAME		
STREET ADDRESS	4322 NW 95 WAY		3 3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-ST-ZIP		
TITLE		☐ DELET E	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change 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.

SHOCK 12 OF BIOCK 13 II CHANGED, OF OIL AN ANALOUSE II WITH AN AUGUSS.