

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:30

DOCUMENT # **L28055** (6)

1. Corporation Name
PHOTONIC ALARM SCREENS, INC.

Principal Place of Business Mailing Address
8130 WEST 26TH AVE. HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/06/1989** 3a. Date of Last Report **06/03/1994**

2. Principal Place of Business 2a. Mailing Address
21 N/A **26 P.O. Box 160758**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Miami, FL

24 Zip 25 Country 29 Zip 30 Country
33116 Dade

4. FEI Number **65-0161175** 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

**DATRAN CORPORATE AGENTS, INC.
9100 SOUTH DADELAND BLVD. PH-1
MIAMI FL 33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNSTEIN, RICHARD N.
STREET ADDRESS	9100 S DADELAND BL PH-1
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	GROSSMAN, GORDON
STREET ADDRESS	8130 W. 26TH AVE.
CITY-ST-ZIP	HIALEAH FL
TITLE	STD
NAME	HAILEMICHAEL, TEFAYE
STREET ADDRESS	5665 OBERLIN DR STE 102
CITY-ST-ZIP	SAN DIEGO CA
TITLE	VPD
NAME	SLEMON, CHARLES S.
STREET ADDRESS	5665 OBERLIN DR STE 102
CITY-ST-ZIP	SAN DIEGO CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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, unchanged, or on an amendment with an address.

SIGNATURE:

Gordon P. Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gordon P. Grossman

03/07/95 (305) 385-0788