

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



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

1996 8-8 96 6-7658 C

DOCUMENT # **L28055**  
1. Corporation Name  
**PHOTONIC ALARM SCREENS, INC.**

(6)



Principal Place of Business: **8130 WEST 26TH AVE. HIALEAH FL 33016**  
Mailing Address: **PO BOX 160758 MIAMI FL 33116 US**

3. Date Incorporated or Qualified: **11/06/1989**  
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business: **13251 S.W. 105th**  
21. Suite, Apt #, etc.  
22. City & State: **MIAMI, FL.**  
23. Zip: **33186** Country: **USA**

4. FEI Number: **65-0161175**  
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  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BERNSTEIN, RICHARD N.</b>	
STREET ADDRESS	<b>9100 S DADELAND BL PH-1</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>GROSSMAN, GORDON</b>	
STREET ADDRESS	<b>8130 W. 26TH AVE.</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>HALEMICHAEL, TEFAYE</b>	
STREET ADDRESS	<b>5665 OBERLIN DR STE 102</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/>
NAME	<b>SLEMON, CHARLES S.</b>	
STREET ADDRESS	<b>5665 ORBERLIN DR STE 102</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gordon P. Grossman*  
GORDON P. GROSSMAN

8/28/96 (305) 385-0788

CR2E034 (3/96)