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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37429

ALARM INSTALLATION & SERVICE CORP.

							<u> </u>	HELB HIBIO HAH BYDIY BY	<i>a</i> n and and a	ANDII DIBNI IDDI
Principal Place	e of Business	Mailir	ng Address		•					
13973 SW 140	STREET	13973	SW 140 STREET							
FOURTH FLOOR			FOURTH FLOOR			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33186 MIAMI FL 33186						3. Date Incorporated or Qu		SPACE		
							, ·	allied		
			falling Address				12/18/1989 4. FEI Number			oplied For
— `	tace of Business		lailing Address				"			·
21		26					65-0161084			ot Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.			•	5. Certifcate of Status Desi	red 🔲		Additional equired
22		27								
City & Stat	e · · · ·	— c	ity & State				6, Election Campaign Final	ncing 🗆		May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zi	p	Cou	intry		8. This corporation owes th	e current year Int		mat
24	25	29		30	,		Personal Property Tax.		☐Yes	⊠No
	9. Name and Address of Currer	ıt Register	ed Agent			г	10. Name and Address of	New Registered	Agent	
1011	FO DUCCELL				81	Name				
AT ALCOHOL	es, Russell	Sycamore	•		82	Street Add	ress (P.O. Box Number is Not A	cceptable)		
ALA 13973'SW 140 STREET ALAST COLORS							77 5 17.74	er various	6 - FEST - 81275	Market Market Serve
	RTH FLOOR				83		1. 计图诗篇		6 7 7 3 2	
, mian	<i>I</i> II, FL 33186							<u> </u>		
•					84	City	•	FL	85 Zip	Code
44 Purcuant	to the provisions of Sections 607.050	2 and 607	1508 Florida Stat	utes, the a	hove	e-named corr	poration submits this statement f		changing its	registered
office or r	registered agent, or both, in the State	of Florida.	Such change was	authorized	d by	the corporate	on's board of directors. I hereby	accept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Se	action 607.0505, F	londa Stat	utes	•				
SIGNATURE			-Pbr-	TT. De siste see	+ A		ed when reinstating).	DATE		
40	Signature, typed or printed name of registered age • OFFICERS AN		·	13.	2 Agen	t signature require	ADDITIONS/CHANGES T		ID DIRECTO	DRS IN 12
TITLE	PD	DINCOI	DELETE	1.1 TI	TIE		Maria Applications (Charles)	O OI FIOLING AI	Change	Addition
,,,,,,,	· -						11 19 84 4 51 (p. c.)			
NAME	JONES, RUSSELL B.	•		1.2 N						
STREET ADDRESS	13973 SW 140TH ST.					TADDRESS				
CITY-ST-ZIP	MIAMI FL				ΠY-\$1	r-zip				
TITLE	SD		□ DELETE	2.1 TT		I			Change	Addition
NAME	WALTERS, RONALD G.								Change	☐ Addition
STREET ADDRESS				2.2 N					Change	☐ Addition
CITY-ST-ZIP	13973 SW 140TH ST.			2.2 N	AME	T ADDRESS			Change	☐ Addition
	13973 SW 1401H ST. MIAMI FL	; <u></u>		2.2 N/ 2.3 S1	AME				Change	
TITLE .**!			☐ DELETE	2.2 N/ 2.3 S1	AME TREET CITY-S				☐ Change	Addition
	MIAMI FL		☐ DELETE	2.2 N/ 2.3 ST 2.4 C	AME TREET CITY-S ITLE					
NAME .	MIAMI FL D DONNELLY, DAVID R.		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	AME TREET CITY-S ITLE AME				☐ Change	☐ Addition
NAME STREET ADDRESS	MIAMI FL D DONNELLY, DAVID R. 13973, SW, 140TH ST.		☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	AME TREET CITY-S ITLE AME TREET	ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL D DONNELLY, DAVID R.	.;;	·	2.2 N 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si 3.4 C	AME TREET CITY-S ITLE AME TREET CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL DONNELLY, DAVID R. 13973 SW, 140TH ST. MIAMI FL		☐ DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI	AME TREET OTTY-S TREET OTTY-S TREET	ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL DONNELLY, DAVID R. 13973 SW, 140TH ST. MIAMI FL		·	2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N	AME TREET CITY-S TLE AME TREET CITY-S TLE VAME	ST-ZIP I ADDRESS ST-ZIP			☐ Change	Addition
NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL DONNELLY, DAVID R. 13973 SW, 140TH ST. MIAMI FL		·	22 N 23 ST 2.4 G 3.1 TI 32 N 3.3 ST 3.4 G 4.1 TI 4.2 N 4.3 ST	AME TREET CITY-S TILE AME TREET CITY-S TILE LAME TREET	T ADDRESS ST-ZIP T ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL DONNELLY, DAVID R. 13973 SW, 140TH ST. MIAMI FL		DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 NV 4.3 ST 4.4 CI	AME TREET CITY-S TREET CITY-S TREET LAME TREET TREET	T ADDRESS ST-ZIP T ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL DONNELLY, DAVID R. 13973 SW, 140TH ST. MIAMI FL	. :	·	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI	AME TREET CITY-S TILE AME TREET TILE LIAME TREET TITY-S TILE TITY-SITILE	T ADDRESS ST-ZIP T ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL D DONNELLY, DAVID R. 13973 SW 140TH ST. MIAMI FL	. :	DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV	AME TREET CITY-S TILE AME TREET TILE TIME TREET TILE TITY-S TILE AME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	1 1 W.S.		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL D DONNELLY, DAVID R. 13973 SW 140TH ST. MIAMI FL		DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST	AME TREET CITY-S TILE AME TREET TILE TITY-SI TILE AME TITY-SI TILE AME TREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL D DONNELLY, DAVID R. 13973 SW 140TH ST. MIAMI FL	. : :	DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST	AME TREET CITY-S TILE TREET TREET TY-SI TILE TREET TY-SI TILE TREET TY-SI TILE TREET TY-SI TILE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP			☐ Change	Addition

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 trustely 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

描述证法

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90038 031 ***150.00