

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

APPROVED
AND
FILED

95 MAY -1 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55040

(4)

1. Corporation Name

SAFETEC ALARM SYSTEMS, INC.

Principal Place of Business

11401 NW 27TH ST.
PLANTATION FL 33323

Mailing Address

11401 NW 27TH ST.
PLANTATION FL 33323

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1990

3a. Date of Last Report

01/28/1994

4. FEI Number

65-0180593

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. 198.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suits, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

SAFETEC ALARM SYSTEMS, INC.
P.O. BOX 2267
POMPANO BEACH, FL 33061

9. Name and Address of Current Registered Agent

HOCH, BRUCE W.
11401 NW 27TH ST.
PLANTATION FL 33323

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 filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOCH, BRUCE W.
STREET ADDRESS	11401 NW 27TH ST.
CITY, ST, ZIP	PLANTATION FL
TITLE	V
NAME	MARTIN, STEPHEN R.
STREET ADDRESS	681 NE 7TH ST.
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V
2.3 STREET ADDRESS	Lynn Brady
2.4 CITY, ST, ZIP	89 Liqueur Street 4R Brooklyn, NY 11231
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 897, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

305 473 2334