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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 3:27

DOCUMENT # L60747 (7)

1. Corporation Name
SECURITY ONE SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O ROGER NEWMAN 4350 SHERIDAN STREET HOLLYWOOD FL 33021	C/O ROGER NEWMAN 4350 SHERIDAN STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1990
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business
21: 5703 N Andrews Way
22: Suite, Apt. #, etc.
23: City & State: Ft. Lauderdale, FLA
24: Zip: 33309
25: Country: USA

2a. Mailing Address
26: 5703 N. Andrews Way
27: Suite, Apt. #, etc.
28: City & State: Ft. Lauderdale, FLA
29: Zip: 33309
30: Country: USA

4. FEI Number: 65-0181483 ☐ 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

NEWMAN, ROGER
19724 N.E. 24TH COURT
NORTH MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name: VOELL, MIKE
82 Street Address (P.O. Box Number is Not Acceptable): 235 N. University Drive
83:
84 City: Pembroke Pines FL 85 Zip Code: 33024

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] 1/31/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	NEWMAN, ROBERT B.	1.2 NAME	Newman, Robert B.
STREET ADDRESS	2401 SOUTH OCEAN DRIVE	1.3 STREET ADDRESS	5703 N Andrews Way
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	PERALTA, JOSE	2.2 NAME	Peralta, Jose
STREET ADDRESS	3880 SHERIDAN STREET	2.3 STREET ADDRESS	5703 N. Andrews Way
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309
TITLE	VP	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	PASQARELLO, JIM	3.2 NAME	Pasqarello, Jim
STREET ADDRESS	3300 SOUTHWEST 32ND AVE	3.3 STREET ADDRESS	5703 N. Andrews Way
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jim Pasqarello VP 1-14-95 305-351-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001766 CP