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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

160747

171

1. Corporation Name SECURITY ONE SYSTEMS, INC.						
Principal Place of Business, 5703 N. ANDREWS WAY 4350 SHERIDAN STREET FT. LAUDERDALE FL 33309		Mailing Address 5703 N. ANDREWS WAY 4350 SHERIDAN STREET FT. LAUDERDALE FL 33309				
US		US		3. Date Incorporated or Qualified 03/23/1990	3a. Date of Last Report 02/06/1995	
Principal Place of Business		2a. Mailing Address 26	— ₁		4. FEI Number 65-0181483	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be	
23		26	T 20		Trust Fund Contribution	Added to Fees
Zip 24	Country Zip 25 29		Country 30	0 Florida Statutes X Yes □ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent
VOELL, MIKE udell			81		VOELL, MIKE	
	niverstiy drive		82	Street A	ddress (P.O. Box Number is Not Accepta	ble)
PEMBRO	KE PINES FL 33024		83			
			84	City		85 Zip Code
or rogistore	the provisions of Sections 607.0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section	la. Such chance was authori	zed by the com	named cor oration's b	poration submits this statement for the pusoard of directors. Thereby accept the app	rpose of changing its registered office pointment as registered agent. I am
	lignature, typed or printed name of registered ayont a OFFICERS AND		O1E: Registered Ayer	1 signatura to	prodivinos renstatego ADENTIONIS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
12.	P	DELETE	1 1 TUTLE		ADDITIONS OF ANCIES TO OF	Change Addition
NAME	NEWMAN, ROBERT B.		1 2 NAMÉ			
STREET ADDRESS	5703 N. ANDREWS WAY		1 3 STREET			
CITY-ST ZIP	FT. LAUDERDALE FL S	☐ DELETE	1.4 CITY - 5 2 1 TULE	ST - ZIF		Change Addition
NAME	PERALTA, JOSE		2.2 NAME	İ		
STREET ADDRESS	5703 N. ANDREWS WAY		2 3 STREET	ADDRESS		
CITY-S!-7IP	FT. LAUDERDALE FL VP	[] DELETE	2 4 CHY - 5 3 1 THE	SI - ZIF		Change Addition
TITLE NAME	PASONARELLO, JIM	El precu	3 2 NAME		PASQUARELLO, JI	<i></i>
STREET ADDRESS	5703 N. ANDREWS WAY		3.3 STREE	I ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
CHTY - ST - ZHP	FT. LAUDERDALE FL		3.4 CITY-5	ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE			Change Addition
NAME OURSELEDDDSOR			4.2 NAME 4.3 STREE	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-5	- 1		
TITLE		☐ DELETE	5 1 101.6	**************************************		Change Addition
NAME:			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CiTY-ST-ZIP	45.45.75.75.75	E 501511	5.4 CHTY - 1	ST - ZIF		☐ Change ☐ Addition
TITLE		DELETE	6 1 TITLE 6.2 NAME			☐ outside ☐ vociumit
NAME STREET ADDRESS				r address		
COTY-ST-ZIP			6 4 Cily-:	ST-7IP		
14. I do hereb	the information indicated on this appli	ial tagant or cumplamanial ar	mished and doc	es not qual	ify for the exemption stated in Section 11 curate and that my signature shall have th	e sante lega: eneglas il friage unger
oath; that f	am an officer or director of the corpo	ration or the receiver or trust	tee empowered	to execute	this report as required by Chapter 607, I	Florida Statutes; and that my name
appears in	Block 12 or Block 13 if of riged, or o	´	. 1	1	10 3/24/96	06d 161-1111
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Constitution Date Constitutio						