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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L85898** **(9)**

1. Corporation Name
KERTZ SECURITY SYSTEMS II, INC.

Principal Place of Business	Mailing Address
~~%REPUBLIC INDUSTRIES, ATN: TERI M. TRIMMER~~ ~~200 EAST LAS OLAS BLVD., STE. 1400~~ ~~FT. LAUDERDALE FL 33301~~	~~200 E. LAS OLAS BLVD~~ ~~SUITE 1400~~ ~~FT. LAUDERDALE FL 33301-2240~~

2. Principal Place of Business		2a. Mailing Address	
21	450 E. Las Olas Blvd.	26	450 E. Las Olas Blvd.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Ste. 1200	27	Ste. 1200
City & State		City & State	
23	Ft. Lauderdale, FL	28	Ft. Lauderdale, FL
Zip		Zip	
24	33301	29	33301
Country		Country	
25	USA	30	USA

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 03/15/1996
4. FEI Number: 65-0204486 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BRAUSER, MICHAEL		2.2 NAME		
STREET ADDRESS	1830 W BROWARD BLVD.		2.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HUDSON, HARRIS W		3.2 NAME		
STREET ADDRESS	200 EAST LAS OLAS BLVD, STE 1400		3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HANDLEY, RICHARD L		4.2 NAME		
STREET ADDRESS	200 EAST LAS OLAS BLVD, STE 1400		4.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	AS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CLEMENTS, THOMAS A		5.2 NAME		
STREET ADDRESS	200 EAST LAS OLAS BLVD, STE 1400		5.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	AST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEDDY, COURTLAND		6.2 NAME		
STREET ADDRESS	200 EAST LAS OLAS BLVD, STE 1400		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		6.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE			
NAME	NICHOLS, MICHAEL				
STREET ADDRESS	1830 WEST BROWARD BLVD				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312				

CR2E034 (9/96)

14. I do 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 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.

954-713-5600

SIGNATURE: Richard L. Handley 2/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #