

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 APR 26 AM 9:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M65433 (8)

1. Corporation Name

GIBRALTAR SECURITY ALARM SYSTEMS, INC.

Principal Place of Business

**2800 NW 100TH AVE
MIAMI FL 33172-5500**

Mailing Address

**2800 NW 100TH AVE
MIAMI FL 33172-5500**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

01/21/1988

3a. Date of Last Report

09/23/1994

4. FEI Number

65-0087573

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVY, WILLIAM
1500 BAY ROAD., #1468
MIAMI BEACH FL 33139**

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 constituting)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	BELCH, JOSEPH F.
STREET ADDRESS	4021 N.E. 24TH AVENUE
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	P RUBIN, NORMAN
2.3 STREET ADDRESS	543 FAIRWAY DR.
2.4 CITY-ST-ZIP	WOODMERE, N.Y.
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	ADAMS, RAYMOND
3.3 STREET ADDRESS	45 ANITA PL.
3.4 CITY-ST-ZIP	FARMINGDALE, N.Y.
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	S LEVY, WILLIAM
4.3 STREET ADDRESS	2900 N.W. 109 AVE.
4.4 CITY-ST-ZIP	MIAMI, FL 33172
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

William Levy **WILLIAM LEVY (S)**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

305-592-8800