

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M96086** (7)  
1. Corporation Name  
**SULLIVAN SECURITY SYSTEMS, INC.**



Principal Place of Business: **35 MEADOWOOD TRAIL DELAND FL 32724 US**  
Mailing Address: **P.O. BOX 701 DELAND FL 32721-0701 US**

3. Date Incorporated or Qualified: **08/26/1988**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **65-0137112**  
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  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BLAKE, TIMOTHY CARL  
66 W. FLAGLER ST.  
SUITE 1010  
MIAMI FL 33130**

81 Name: **KIRK T. BAUER**  
82 Street Address (P.O. Box Number is Not Acceptable): **223 S. WOODLAND BLVD**  
83  
84 City: **DELAND** FL 85 Zip Code: **32720**

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, as set forth in this Statement of Change. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature of individual name of registered agent, and to that applicable.

**KIRK T. BAUER** 1/23/96  
(401) - Registered Agent Signature Required when registering. DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LORRAINE HARASZ	
STREET ADDRESS	35 MEADOWOOD TRAIL	
CITY - ST - ZIP	DELAND FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT JOSEPH	
STREET ADDRESS	35 MEADOWOOD TRAIL	
CITY - ST - ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT JOSEPH	
STREET ADDRESS	35 MEADOWOOD TRAIL	
CITY - ST - ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Lorraine Harasz Sullivan* LORRAINE HARASZ SULLIVAN H-7-96 904-734-9513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)