05-04-1999 90039 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # P01501 HOME SECURITY, INC.						
Principal Place	of Business	Mailing Address					
8880 ESTERS BLVD		C/O THE PITTSTON CO		t			
irving TX 7506 US	ន	ATTN: TAX DEPT PO BOX 4 LEBANON VA 24266	w		DO NOT WRITE IN	THIS SPACE	
		US			3. Date Incorporated or Qualifed 04/04/1984		·
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
ଲ ଟ୍ରିଟେଠ	FSERS Blvd.	26			06-1077936	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				Fea Re	<u></u>
City & State		City & State			6. Election Campaign Financing	\$5.00	
23 \ \ \ \ \ \ \ (19.10xas	28			Trust Fund Contribution	Added to	Fees
Zip	OL12 Country	Zip	Country		8. This corporation owes the current year		□No
24 15	25 03		30]		Personal Property Tax. 10. Name and Address of New Registe		
	9. Name and Address of Curren	r Registered Agent	81	Name	10. Halle and Address of New Rogiste		
CT C	ORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)		
PLAN	ITATION FL 33324		83				
			84	City		FL 85 Zip C	Code
office or re	egistered agent, or both, in the State	of Circles Core shangs was set	3, 1110 00000	the com	corporation submits this statement for the purpos	progintment as rec	viotorod
agent. I at SIGNATURE	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statutes.	•	required when reinstating) DA1	E	
agent. I at SIGNATURE	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	da Statutes.	•		e S AND DIRECTO	RS IN 12
agent. I ar	signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	da Statutes.	•	required when reinstating) DA1	E	
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STAMFORD CT 06830

14. I 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 opean attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURÉ:

STREET ADDRESS