FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997

14. I do hereby certify that the information indicated on this are I am an officer or director of the appears in Block 12 or Block I.3



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P07558

(0)

NETWORK MULTI-FAMILY SECURITY CORPORATION

Principal Place of Business		Mailing Address				O DOBREDO (116 OBIEK DO DOLDARD) EKKOL I	IAI BIBII DIDA DII			
14275 MIDWAY RD SUITE 440 DALLAS TX 75244		14275 MIDWAY RD SUITE 440 DALLAS TX 75244-3696								
US		US			3	 Date Incorporated or Qualified 09/27/1985 		e of Last Re 1/1996	oport	
<u> </u>	ace of Business	2a. Mailing Address			4	I. FFI Number		- '	plied For	
Suite, Apt. 1	4 ale	Suite, Apt. #, etc.				75-2050133			t Applicable	
 		27	-			5. Certificate of Status Desired		\$8.75 A	II	
City & State)	City & State			6	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	, ,	
Zip	Country	7 (p)	Cour	ntry		3. This corporation has liability fo		ax under s.		
24	25		0				Yes 🗌			
	9. Name and Address of Current F	04 N	10). Name and Address of New F	legistered A	gent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				81 Name	·••	and the second s				
PLANTATION FL 33324				82 Street	Address ((P.O. Box Number is Not Accept	abie)			
				63						
1881 1883	·		•	84 City				85 7ip (Code	
			j	. ,			FL		1	
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 a	notatic if applicable (NOTE:	Registered	Agent signature	required wh	ren reinstating)	DATE			
12.	OFFICERS AND I		19.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12	
TITLE	Р	DEFERE	13 10	L F	VP		[Change	X Addition	
NAME	WILLIAMS, STEVE		1.2 NA	ME		olpin, Pat				
STREET ADDRESS	14275 MIDWAY RD #440			REET ADDRESS		75 Midway Rd, #440)			
CITY-ST-ZiP	DALLAS TX	T POLICE		Y - \$1 - 7IP	Dall	las, TX		Change	Addition	
TITLE	s Stephen D. Parker	☐ DETELE	2.1 111				L			
NAME Street address	14275 MIDWAY RD, SUITE 440		2 2 NA	reet address						
	DALLAS TX			1Y - ST - ZIP			-			
CATY-ST-ZIP	D	DELETE	3.1 TIT		 		· , [Change	Addition	
NAME	JACULLO, PETER		3 2 NA					-		
STREET ADDRESS	ONE GATEWAY CENTER #800		33 S1	REE1 ADDRESS						
CITY-ST-ZIP	NEWTON MA 02158	<u>. </u>	34. Di	TY-\$T-7/P			· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	4.1 181	Lf			l	Change	Addition	
NAME			4 2 N							
STREET ADDRESS				REFT ADDRESS						
CITY-ST-ZIP		DELETE		IY-ST-ZIP				Change	Addition	
TITLE		LJ VILCIE	5.1 TIT 5.2 NA				ı	onenge		
NAME STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP				IY-S1-ZIP						
TITLE		DELETE	6.1 TIT					Change	Addition	
NAME		•	6.2 NA							
STREET ADDRESS			6.3 S1	REF1 ADORESS						
1			0.00		1				1	

Itachment with an address.

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ation supplied withighir filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the ual report or supplying rital annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that corporation of the certifier or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name

FILED

May 09 1997 8:00am

Secretary of State