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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FLYING LION INC.

FILED May 07 1997 8:00am Secretary of State

Principal Place of Business Mailing Address				1 INDIANA 108 DRUG 1210 DEIEL DIANELIO		
ADT AUTOMOTIVE INC. 435 METROPLEX DRIVE NASHVILLE FL 37211 US		C/O ADT. INC 2535 GLADES RD #421 A P.O. BOX 3035. N/A -DOCA RATON PL 33431-0835 US				
				3. Date Incorporated or Qualified 04/17/1991	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 2a. Mailing Address 26 / 15 (1)			Moore Ra	4. FEI Number	Applied For	
Suite, Apt. 6	# elc	26 / (2) (1/17) / Suite, Apt. #, etc.	HUYE NO	62-1314054	Not Applicab \$8.75 Additional	
2		27 PO BOX 5035		5. Certificate of Status Desired	Fee Required	
City & State	3	City & State Record Ra	ton, F.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip /al Mar	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
]	25		0 (15/7	Florida Statutes	X Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
CT CORPORATION SYSTEM			or Name			
	S. PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Acceptal	ble)	
PLAI	NTATION FL 33324		83			
					· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip Code	
office or re agent. I ar	ogistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Flor	thorized by the cord	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as registered	
	Signature, typed or printed name of registered agent			required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	18. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 7 Change Addition	
ITLE	**OBP *RICHARDSON, MICHAEL J.	עַ טבננונ	1.2 NAME	Larry C. Reese	C) Ollange (Mount	
NAME STREET ADDRESS	485 METROPLEX DRIVE		1.3 STREET ADDRESS	435 Metroplex Dr		
CITY-ST-ZIP	NASHVILLE-TN		1.4 City-ST-ZiP	Noshville, TN 37211		
ITLE	ST	DELETE	2.1 TITLE	1403111161 11431211	Change Additi	
IAME	BUZZELL, JAMES R.		2.2 NAME			
STREET ADDRESS	435 METROPLEX DRIVE		2.3 STREET ADDRESS	·		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP			
ITLE	ASD	☐ DELETE	3.1 TITLE	Director - President	Change Additi	
NAME	REESE, LARRY C.		3.2 NAME			
STREET ADDRESS	435 METROPLEX DRIVE		3 3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN	□ brusts	3.4, CITY-ST-ZIP		Discours D Addition	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	ADDIS, MARC		4. 2 NAME	1750 Clint Moore Rd.		
STREET ADDRESS	2255 GLADES RD, STE 421A -BOGA RATON FL			Boxa Raton, FL 3248		
CITY-ST-ZIP	AS	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	BOXA KULUT, FC 538	Change Additi	
NAME	BECK, JAN S.		5.2 NAME			
STREET ADORESS	2255 GLADES RD, STE 421A		5.8 STREET ADDRESS	1750 Clipt Moore K	d.	
CITY-ST-ZIP	BOCA RATON FL-		5.4 CITY-ST-ZIP	Boxa Raton, FL 3248	7. /	
TITLE	-AT-	☐ DELETE	6.1 TITLE	Boca Raten, Fl 33/8: Assistant Saretary Steven J. Levine	Change Additi	
NAME	ruzika, ŝtephe n J.		6.2 NAME	Steven J. Levine	4	
STREET ADDRESS	-2255 GLADES RD, STE 421A		6.8 STREET ADDRESS	1750 Clint Work Ra	•	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY - ST - ZIP	Boca Raton, FC 33	187	
14. I do hereb Information	by certify that the information supplied in indicated on this annual report or sufficer or director of the corporation or t	with this filing does not qualify applemental annual report is tru the receiver or trustee empowe	for the exemption of the and accurate and red to execute this	stated in Section 119.07(3)(i), Florida Statut d that my signature shall have the same leg report as required by Chapter 607, Florida	3s. I further certify that the all effect as if made under oath; the Statutes; and that my name	