

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37695** (4)
1. Corporation Name
ADT AUTOMOTIVE, INC.



Principal Place of Business 435 METROPLEX DRIVE NASHVILLE TN 37211 US	Mailing Address 435 METROPLEX DRIVE NASHVILLE TN 37211-3109
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 02/28/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 51-0265897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MICHAEL J.	
STREET ADDRESS	435 METROPLEX DRIVE	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MICHAEL J.	
STREET ADDRESS	435 METROPLEX DRIVE	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	RUZKA, STEPHEN J.	
STREET ADDRESS	2255 GLADES ROAD	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LENAR, JEFFREY J.	
STREET ADDRESS	435 METROPLEX DRIVE	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BECK, JAN S.	
STREET ADDRESS	2255 GLADES ROAD	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	Treasurer/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	James R. Buzzell	
33 STREET ADDRESS	435 Metroplex Dr.	
34 CITY- ST- ZIP	Nashville, TN 37211	
41 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jeffrey J. Lenar	
43 STREET ADDRESS	435 Metroplex Dr.	
44 CITY- ST- ZIP	Nashville, TN 37211	
51 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Jan S. Beck	
53 STREET ADDRESS	1750 Clint Moore Rd.	
54 CITY- ST- ZIP	Boca Raton, FL 33487	
61 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Steven J. Levine	
63 STREET ADDRESS	1750 Clint Moore Rd.	
64 CITY- ST- ZIP	Boca Raton, FL 33487	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

(361) 988-3600

Daytime Phone

0476990

CR2E034 (9/96)