FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # P92000007823 (7)

1. Corporation Name

KINGALARM DISTRIBUTORS, INC., OF FLORIDA

Principal Place of Business	Mailing Address
680 S MILITARY TRAIL DEERSFIELD BEACH FL 33442	680 S MILITARY TRAIL DEERSFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 02/07/1994

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

4. FEI Number: 65-0382570 ☐ 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

9. Name and Address of Current Registered Agent

HAWKINS, KEITH
680 S MILITARY TRAIL
DEERSFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	FISCHER, GLEN	1.2 NAME	Fischer, Glenn	
STREET ADDRESS	805 LENEL LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, CHARLES	2.2 NAME		
STREET ADDRESS	606 SADDLE RIVER RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIR LAWN NJ 07410	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HERSH, GREGORY T	3.2 NAME		
STREET ADDRESS	373 CARRIAGE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WYCKOFF NJ 07481	3.4 CITY-ST-ZIP		
TITLE	Vice Pres. Finance	4.1 TITLE	Vice Pres. Finance	☐ Change ☒ Addition
NAME	Norman Goldberg	4.2 NAME	Norman Goldberg	
STREET ADDRESS	611 Rte 46 West	4.3 STREET ADDRESS	611 Rte 46 West	
CITY-ST-ZIP	Hasbrouck Hghts NJ 07604	4.4 CITY-ST-ZIP	Hasbrouck Hghts NJ 07604	
TITLE	Senior Vice President	5.1 TITLE	Senior Vice President	☐ Change ☒ Addition
NAME	Allen Sagat	5.2 NAME	Allen Sagat	
STREET ADDRESS	35 Green Street	5.3 STREET ADDRESS	35 Green Street	
CITY-ST-ZIP	Hackensack NJ 07601	5.4 CITY-ST-ZIP	Hackensack NJ 07601	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 1/14/95 201-462-0046 x110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266371 CP