

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

FILED

Feb 13 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007823 (7)

1. Corporation Name

KINGALARM DISTRIBUTORS, INC., OF FLORIDA

Principal Place of Business

680 S MILITARY TRAIL
DEERSFIELD BEACH FL 33442

Mailing Address

680 S MILITARY TRAIL
DEERSFIELD BEACH FL 33442-3023

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

06/13/1996

4. FEI Number

65-0382570

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

611 Route 46 West

Hasbrouck Heights NJ

07604

USA

9. Name and Address of Current Registered Agent

DAVID MAGGIORE
QUORUM BLDG., CENTER 2
680 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

The Prumice - Hull Corporation System, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Lisa G. Mulligan, Asst. Vice President

2/1/97

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 ☐ DELETECEO
FISCHER, GLENN
805 LENEL LANE
FRANKLIN LAKES NJTITLE ☐ DELETE~~DAS~~
FISCHER, CHARLES
606 SADDLE RIVER RD
FAIR LAWN NJTITLE ☐ DELETE~~DVPS~~
HERSH, GREGORY T
373 CARRIAGE LANE
WYCKOFF NJTITLE ☐ DELETEVP
GOLDBERG, NORMAN
611 RT 48 WEST
HASBROUCH HIGHTS NJTITLE ☐ DELETEP
SAGAT, ALLEN
35 GREEN ST
HACKENSACK NJTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

07417
ASST SECRETARY ☒ Change ☒ Addition

0-60 Saddle River Road

07410

EVP, SECY, TREAS ☒ Change ☒ Addition

07481

☐ Change ☒ Addition

07604

☐ Change ☒ Addition

07601

☐ Change ☐ Addition

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

Norman E Goldberg VP 1/14/97 201-462-0046 x110

Date

Daytime Phone #

CR2E034 (9/96)