

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90187 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000007823

1. Corporation Name
KINGALARM DISTRIBUTORS, INC.



Principal Place of Business 35 GREEN ST HACKENSACK NJ 07604 US	Mailing Address 611 RT 46 WEST HASBROCK HEIGHTS NJ 07604 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1992

2. Principal Place of Business 21 35 GREEN ST Suite, Apt. #, etc.	2a. Mailing Address 26 611 RT. 46 WEST Suite, Apt. #, etc.
23 HACKENSACK, NJ City & State Zip 07601 Country USA	28 HASBROCK HEIGHTS NJ City & State Zip 07604 Country USA

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP SYSTEM INC
1201 HAYS ST
TALLAHASSEE FL 32301

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	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, GLENN	1.2 NAME	
STREET ADDRESS	805 LENEL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, CHARLES	2.2 NAME	
STREET ADDRESS	0-60 SADDLE RIVER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR-LAWN NJ	2.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSH, GREGORY T	3.2 NAME	
STREET ADDRESS	373 CARRIAGE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WYCKOFF NJ	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGAT, ALLEN	4.2 NAME	
STREET ADDRESS	35 GREEN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/5/99** DAYTIME PHONE #: **201-462-0046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)