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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000005945 (9)

1. Corporation Name
SCOTT ALARM OF COCOA, INC.



Principal Place of Business

ATTN: TERI TRIMMER
200 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301

Mailing Address

ATTN: TERI TRIMMER
200 E. LAS OLAS BLVD., #1400
FORT LAUDERDALE FL 33301-2248

3. Date Incorporated or Qualified
01/18/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
22 Ste. 1200
City & State

23 Ft. Lauderdale, FL
Zip Country
24 33301 25 USA

2a. Mailing Address

26 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
27 Ste. 1200
City & State

28 Ft. Lauderdale, FL
Zip Country
29 33301 30 USA

4. FEI Number
59-3159711

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

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

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

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	VD	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 14000	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCOTT, BRUCE	
STREET ADDRESS	8381 DIX ELLIS TRAIL, SUITE 107	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHECK, BOB	
STREET ADDRESS	8381 DIX ELLIS TRAIL, SUITE 107	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUERIN, ROBERT	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	200 E. LAS OLAS BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste. 1200
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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:

Richard L. Handley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Handley

Date

Daytime Phone #

2/14/97 954-713-500

CR2E034 (9/96)