FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P93000010032 (9)

1. Corporation Name
FIRST ALERT, INC.

Principal Place of Business
402 APPELROUTH LANE
KEY WEST FL 33040

Mailing Address
402 APPELROUTH LANE
KEY WEST FL 33040

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 01/18/1995
4. FEI Number: 65-0407885 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 926 Truman Ave.
Suite, Apt. #, etc.
22
City & State
23 Key West, FL
Zip
24 33040
Country
25 USA

2a. Mailing Address
26 926 Truman Ave.
Suite, Apt. #, etc.
27
City & State
28 Key West, FL
Zip
29 33040
Country
30 USA

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

KELLEY, ALBERT L
~~402 APPELROUTH LANE~~
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 926 Truman Ave.
83
84 City Key West FL 85 Zip Code 33040

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] DATE 2-20-96

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KELLEY, ALBERT L	
STREET ADDRESS	~~402 APPELROUTH LANE~~	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	☐ DELETE
NAME	DODD, FRANK	
STREET ADDRESS	104 IROQUOIS ST.	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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	926 Truman Ave.	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-20-96 Daytime Phone #: 305 296 0160

CR2E034 (12/95)