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

APPROVED AND FILED

95 MAY -1 ... 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011151 (6)

1. Corporation Name

PIERCE AUTO ELECTRIC, INC.

Principal Place of Business
5960 SW 23RD ST
HOLLYWOOD FL 33023

Mailing Address
5960 SW 23RD ST
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0387183 — ☐ 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. 199.062 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOOPER, LARRY K
711 E 38TH ST
HIALEAH FL 33013

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	PIERCE, JON C	12 NAME	
STREET ADDRESS	5960 SW 23RD ST	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Jon C. Pierce — 4-28-95 — 305-983-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

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CORPORATION ANNUAL REPORT
1995

DOCUMENT # P93000011443 (7)

1\. Corporate Name

SCOTT ALARM OF BIRMINGHAM, INC.

APPROVED ... 57 ... FLORIDA

Principal Office	Mailing Address
701 SOUTH 37TH STREET SUITE 1 BIRMINGHAM AL 35222	313 PORPOISE POINT DRIVE ST. AUGUSTINE FL 32095

2. Principal Office	2a. Mailing Address
21	26 *8381 Dix Ellis Trail*
22 Suite, Apt. # etc.	27 Suite, Apt. # etc. *# 107*
23 City & State	28 City & State *Jacksonville, FL*
24 Zip 25 Country	29 Zip *32256* 30 Country *USA*

3\. Date Incorporated: 02/03/1993 — 3a. Date of Last Report: 05/01/1994

4\. FEI Number: 63-1083793 — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBISON, MARY A 2600 INDEPENDENT SQUARE JACKSONVILLE FL 32202	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 607.1503 and 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	*S/D* [X] Change [ ] Addition
NAME	SCOTT, BRUCE	NAME	
STREET ADDRESS	~~313 PORPOISE PT. DR.~~	STREET ADDRESS	*3362 State Road 13*
CITY-ST-ZIP	~~ST. AUGUSTINE FL~~	CITY-ST-ZIP	*Jacksonville, FL 32259-9269*
TITLE	D	TITLE	*T/D* [X] Change [ ] Addition
NAME	SCOTT, DEBRA	NAME	
STREET ADDRESS	~~313 PORPOISE PT. DR.~~	STREET ADDRESS	*3362 State Road 13*
CITY-ST-ZIP	~~ST. AUGUSTINE FL~~	CITY-ST-ZIP	*Jacksonville, FL 32259-9269*
TITLE	D	TITLE	*P/D* [X] Change [ ] Addition
NAME	SMITH, KEVIN	NAME	
STREET ADDRESS	109 COUNTRY CLUB ROAD	STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	CITY-ST-ZIP	
TITLE	D	TITLE	[X] Change [ ] Addition
NAME	SCOTT, TIMOTHY A	NAME	
STREET ADDRESS	6172 ALPENROSE AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
TITLE		TITLE	*D* [ ] Change [X] Addition
NAME		NAME	*Margaret O. Smith*
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 report or supplemental 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]* — *4·30·95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0007277 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011654 (9)

1. Corporate Name

HOMGRON DESIGNS, INC.

Principal Place of Business: 7331 SW 24 ST, SUITE 105, MIAMI FL 33155

Mailing Address: 7331 SW 24 ST, SUITE 105, MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business: SAME AS ABOVE
2a. Mailing Address: SAME AS ABOVE

4. FEI Number: 65-0389482 — 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	10. Name and Address of New Registered Agent
GUTIERREZ, IGNACIO R 4315 SW 69 AVE MIAMI FL 33155	Name: SAME AS BEFORE Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

11. [illegible]

SIGNATURE: Ignacio R. Gutierrez — 4/29/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: T NAME: GUTIERREZ, RAFEAL E. STREET ADDRESS: 4315 SW 69TH AVE CITY-ST-ZIP: MIAMI FL	[ ] Change [ ] Addition
TITLE: P NAME: GUTIERREZ, IGNACIO STREET ADDRESS: 4315 SW 69 AVE CITY-ST-ZIP: MIAMI FL	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: Ignacio R. Gutierrez — 4/29/95 — 305 264-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0167130 CP