

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000045680 (4)

1. Corporation Name

A & H SECURITY SYSTEMS OF FT. MYERS, INC.

FILED

97 SEP -3 AM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5686 YOUNGQUIST RD  
SUITE 201  
FORT MYERS FL 33912  
US

Mailing Address

5686 YOUNGQUIST RD.  
STE. 1  
FT. MYERS FL 33912-2258  
US

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

08/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

AGOSTINELLI, STEVEN  
5686 YOUNGQUIST RD.  
FT. MYERS FL 33912

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 P  
NAME AGOSTINELLI, STEVEN  
STREET ADDRESS 6701 WELLINGTON DR.  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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

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 or changed, or on an attachment with an address

SIGNATURE

Steven Agostinelli, 5686 Youngquist Rd, Fort Myers, FL 33912

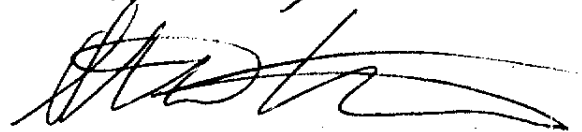
CR2E034 (9/96)

Division of Corporations

8-26-97

Enclosed is my check For 165<sup>00</sup> per our phone conversation. I have been back in Massachusetts since April 3rd 1997 on a Family emergency. My mother had a stroke on April 1st 1997 I am her only child and since she has nobody else to care for her I went back to help her. She has since moved in with me at my home in Florida. Please accept my check for 165<sup>00</sup> any other monies owed would put a severe Financial Hardship on us. IF you have any Questions Please give me a call at (911)433-5151 Again Thank you For your cooperation in this matter.

Sincerely



Steven Agostinelli President