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

PROFIT CORPORATION ANNUAL REPORT

23

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## DOC 1. Corpo

	199/	1997	DIVISION OF C	JOHPOH	ATIC	N/1/2				
	UMENT # P9300 SECURITY SYSTEMS, INC		028 (9)				I INTEREST AND INCOME AND THE RESIDENCE OF THE PROPERTY OF THE	Bársk í Bírbá í	nuc Bālia viāši iku cāsi	
Principal Piace of Business Mailing Address										
1904 8 OCEAN DR 1904 8 OCEAN DR STE 204 8 STE 204 8 HALLANDALE FL 33009 5986										
US	16 0000	US					3. Date Incorporated or Qualified 12/06/1993		e of Last Report 8/1996	
2. Principal Piace of Business		h	28. Mailing Address				4. FEI Number	<del>-1</del>	Applied For	
21		26				·	NOT APPLICABLE	·	Not Applicable	
Suite, Apt 22	t #, etc	27 S	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Str	ite	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ziρ	Country	r	ip	<b>├</b> ─┐	untry		8. This corporation has liability for i			
24	25	29		30	_		Florida Statutes  10. Name and Address of New Reg		No	
9. Name and Address of Current Registered Agent MAHON, TIMOTHY K 2929 E. COMMERCIAL BLVD. PENTHOUSE E FORT LAUDERDALE FL 33308					81 82 83		address (P.O. Box Number is Not Acceptable)			
offine or agent. I	n to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607 ate of Florida ligations of, 8	. 1508, Florida Statul . Such change was Section 607.0505, Fl	tes, the a authorize orida Sta	bove d by	City e-named co the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	FL urpose of c of the appo	85 Zip Code changing its registered intment as registered	
SIGNATURE	Signature, typed or printed name of registered in	agont and trie if a	ipplicable (NO1	E Register	od Age	nt signature rec	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC			
Titti	PD		☐ DELETE	1.1-1					Change Addition )	
MAME LAPENNA, RONALD STREET ADDRESS LAPENNA, RONALD 12 NAM 13 STR						1	lower and	X . S.	1117- 2011 Same	
STREET ADDRESS		v., Suit	D	1.3 9	TREET	ADDRESS	1904 Sours+ Olemo	DV an	~1.c. 404 200m	
CITY ST- ZIP	HALLANDALE FL 33009		1 05.55		ITY-S	T-ZIP			<del></del>	
TITLE	VSD CHAONEAU IONETTE		DELETE	2.1 T		}		ļ	Change , Addition }	
NEM	SIMONEAU, JOVETTE		_	2.2 N	IAME	]				

SIGNATI 12. TillE NAME STREET ADE COTY STOZE TITLE NAME 616 ATLANTIC SHORES BLVD., SUITE B 1904 Sount Octom Da Suinz 204 Sount STREET ADDRESS 2 3 STREET ADDRESS HALLANDALE FL 33009 2.4 ÇİTY-ST-ZIP CHTY - \$1 - 702 DELETE \_\_\_ Addition mer 3.1 TITLE ☐ Change 3.2 NAME NAM: STREET ADDRESS 3.3 STREET ADDRESS CHY-ST ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition HILE NAMI 4. 2 NAME 43 STREET ADDRESS GHY 51 ZIP 4.4 CITY-ST-ZIP DELETE Change Addition BRUE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY - ST - ZiP DELETE Change Addition 61 TITLE 10.46.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-SU-ZIP 6.4 CITY - ST - ZIP

14. If do hereby certify that the information supplied with this filling 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 eath; 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 attachmed with an address.

Donales

april 8/97

Daytime Phone #

**FILED** 

Apr 15 1997 8:00am

Secretary of State

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