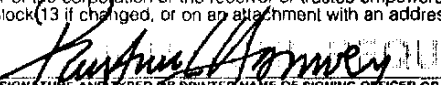


2-21-97 B-2202 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # P94000008975 (2) 1. Corporation Name SCOTT ALARM OF FORT MYERS, INC.			
Principal Place of Business ATTN: TERI TRIMMER 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301 US		Mailing Address ATTN: TERI TRIMMER 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301-2248 US	
2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Ste. 1200 City & State 23 Ft. Lauderdale, FL Zip 24 33301		2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste. 1200 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA	
3. Date Incorporated or Qualified 01/24/1994			
3a. Date of Last Report 05/01/1996			
4. FEI Number 65-0464775			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
7. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
VD HUDSON, HARRIS W 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301		450 E. Las Olas Blvd., Ste. 1200 Ft. Lauderdale, FL 33301	
P BRAUSER, MICHAEL 1830 W. BROWARD BLVD. FORT LAUDERDALE FL 33312		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
VS HANDLEY, RICHARD L 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
V GUERIN, ROBERT 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
T PEDDY, COURTLAND 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
AS TRIMMER, TERI M 200 E. LAS OLAS BLVD., SUITE 1400 FORT LAUDERDALE FL 33301		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 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Richard L. Handley Date 2/14/97 954-713-5200	



CR2E034 (9/96)