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., #1400~~
~~FORT LAUDERDALE FL 33301~~
US

Mailing Address
ATTN: TERI TRIMMER
~~200 E. LAS OLAS BLVD., #1400~~
~~FORT LAUDERDALE FL 33301-2248~~
US

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: 05/01/1996

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 Country 25 USA

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

4. FEI Number: 65-0464775 — 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
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 | VD ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | HUDSON, HARRIS W | 1.2 NAME | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | 1.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | P ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BRAUSER, MICHAEL | 2.2 NAME | |
| STREET ADDRESS | 1830 W. BROWARD BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33312 | 2.4 CITY-ST-ZIP | |
| TITLE | VS ☐ DELETE | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | HANDLEY, RICHARD L | 3.2 NAME | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | 3.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | V ☐ DELETE | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | GUERIN, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | 4.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | T ☐ DELETE | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | PEDDY, COURTLAND | 5.2 NAME | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | 5.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | 5.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | AS ☐ DELETE | 6.1 TITLE | ☒ Change ☐ Addition |
| NAME | TRIMMER, TERI M | 6.2 NAME | |
| STREET ADDRESS | 200 E. LAS OLAS BLVD., SUITE 1400 | 6.3 STREET ADDRESS | 450 E. Las Olas Blvd., Ste. 1200 |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | 6.4 CITY-ST-ZIP | Ft Lauderdale, FL 33301 |

CR2E034 (9/96)

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] REQUIRED — Richard L. Handley — 2/14/97 — 954-713-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #