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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011099

Corporation Name

CONSOLIDATED ALARM TECHNICIANS, INC.

Principal Plac	e of Business	Mailing Address									
750 NE 114TH STREET BISCAYNE PARK FL 33161		750 NE 114TH STREET BISCAYNE PARK FL 33161			,		O NOT WRITE	IN THIS :	SPACE	•	
						3. Date Incorporated					
						02/04/1994	or Qualifica				
		2a. Mailing Address				4. FEI Number			I An	plied For	
2. Principal P	Place of Business	├ ¬					<u> </u>			t Applicable	
21		Suite, Apt. #, etc.				65-0470602	*-		\$8.75		
		├ ─ ¬ `	}−− 1			5. Certificate of Status Desired Fee Required					
22 City & State		City & State			6 Election Campair	n Financing		\$5.00	May Ro		
¬ ·		28				6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zin Country		Zip Cour			-	8. This corporation		at vear Inta	naible		
¬ "		29 30				Personal Propert			Yes	<u>-</u> 3√No	
24	9. Name and Address of Current		1001			10. Name and Addr		gistered A	Agent		
	3. Haine and Address of Odrion.			81	Name						
FIQ	UEROA, RAYMOMD			82			Ni-A A dala	1-1			
750 NE 114TH STREET					Street Add	dress (P.O. Box Number is Not Acceptable)					
BISC	CAYNE PARK FL 33161					· · · · · · · · · · · · · · · · · · ·				1 12 13	
-								. Mile (4.4°)	175, 1011-51.2	12.5 (4.18)	i
				84	City			FI	85 Zip (code	ı
44 5	to the provisions of Sections 607.0502	2 and 607 1508 Florida Sta	tutes the	abov	e-named con	poration submits this stat	ement for the p	urpose of	changing its	registered	ı
						ion's board of directors. I	hereby accept	the appoin	ıtment as re	gistered	ı
agent. I a	registered agent, or both, in the State t am familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Sta	atutes	1.			•	٠,		· ·
SIGNATURE		A de tito de martinophio (Ni	OTE: Benieten	ad Ana	ot eignature recuir	ed when reinstating)		DATE			
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13		it agriculture requir	ADDITIONS/CHAI	IGES TO OFF	CERS AN	D DIRECTO	RS IN 12	R2E034 (11/98)
TITLE	D	DELETE		TITLE		73× 1317			Change	☐ Addition	Ξ
	FIQUEROA, RAYMOND	 -		NAME		4 - 4 - 4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 -					7
NAME .	SEA ME ALATH ATRECT				TADORESS						
STREET ADDRESS	BISCAYNE PARK FL 33161			CITY-S	ļ						, <u>2</u>
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STREET ADDRESS				CITY-S							l
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TITLE			1	NAME	1						ı
NAME					T ADDRESS						
STREET ADDRESS	,					7.6		1, 15			
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TITLE NAME	3	DELETE	5.1 5.2	CITY-S TITLE NAME	ST-ZIP				Change	Addition	
		DELETE	5.1 5.2 5.3	CITY-S TITLE NAME STREE	ST-ZIP			•	☐ Change	Addition	197
NAME		DELETE	5.1 5.2 5.3 5.4	CITY-S TITLE NAME	ST-ZIP			•	☐ Change	Addition	18 . A. S.

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

1/2/199

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90005 034 ***158.75

305 893 4834 Daytime Phone #