

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000069784 (4)**

1. Corporation Name

A & B ALARM, INC.

Principal Place of Business

Mailing Address

**4641 TIFFANY WOODS CIRCLE
OVIEDO FL 32765**

**4641 TIFFANY WOODS CIRCLE
OVIEDO FL 32765**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3269368

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

**WOLF, ARI C
4641 TIFFANY WOODS CIRCLE
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name **ARI C. WOLF**
82 Street Address (P.O. Box Number is Not Acceptable)
4641 Tiffany Woods Circle
83 **Oviedo, Fla**
84 City **Oviedo** **FL** 85 Zip Code **32765**

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

ari c. wolf

(The Office Registered Agent signature required when reinstating)

7/28/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WOLF, BARRY	
STREET ADDRESS	4641 TIFFANY WOODS CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE
NAME	WOLF, ARI C	
STREET ADDRESS	4641 TIFFANY WOODS CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment within an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/96

407 366 8267

Designated Filing #

CR2E034 (3/96)