

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000070514 (2)**
1. Corporation Name
SECURITY AUDIO FIRE ELECTRONICS TECHNICIANS, INC



Principal Place of Business
**2365 PINEAPPLE AVE
MELBOURNE FL 32935**

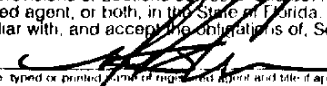
Mailing Address
**2365 PINEAPPLE AVE
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 357 N. BABCOCK ST Suite, Apt. #, etc.		2a. Mailing Address 26 357 N. BABCOCK ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/23/1994	
22 City & State 23 MELBOURNE FL		27 City & State 28 MELBOURNE FL		4. FEI Number 59-3268499 Applied For <input type="checkbox"/> Not Applicable	
24 32935 25 USA		29 32935 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent CONN, MICHAEL J 2365 PINEAPPLE AVE MELBOURNE FL 32935				10. Name and Address of New Registered Agent 81 Name CONN, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable) 357 N. BABCOCK ST 83 84 City MELBOURNE FL 85 Zip Code 32935	
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11. Pursuant to the provisions of Sections 607.0507 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4/22/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONN, MICHAEL J	1.2 NAME	CONN, MICHAEL J.
STREET ADDRESS	2365 PINEAPPLE AVE	1.3 STREET ADDRESS	357 N. BABCOCK ST
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVO, SERGIO	2.2 NAME	NOVO, SERGIO
STREET ADDRESS	2365 PINEAPPLE AVE	2.3 STREET ADDRESS	357 N. BABCOCK ST
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, PATRICK	3.2 NAME	MALONEY, PATRICK
STREET ADDRESS	2365 PINEAPPLE AVE	3.3 STREET ADDRESS	357 N. BABCOCK ST
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: 

4/22/98 407-752-9026

CR2E034 (10/97)