

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071644 (6)

1. Corporation Name

NIGHT HAWK ALARMS, INC.



Principal Place of Business

Mailing Address

1000 E ATLANTIC BLVD
-STE-2001
POMPANO BEACH FL 33060
US

1000 E ATLANTIC BLVD
-ST-2001
POMPANO BEA<CH FL 33060
US

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

08/16/1995

2. Principal Place of Business

2a. Mailing Address

21 1000 E ATLANTIC BLVD

25 1000 E. ATLANTIC BVLVD.

4. FEI Number

65-0538898

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 201 B

Suite, Apt. #, etc.

27 SUITE 201 B

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 POMPANO BEACH, FL

City & State

28 POMPANO BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip
33060

Country

25 BROWARD

29 Zip
33060

Country

30 BROWARD

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JERRY
1620 S. OCEAN BOULEVARD
APARTMENT 8P
POMPANO BEACH FL 33062

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
PSD
SMITH, JERRY
1620 S OCEAN BLVD APT 8P
POMPANO BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, JERRY
1100 N.E. 45TH STREET
OAKLAND PARK FL 33334 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
SHOTES, DAVID E
299 N RIVERSIDE DR APT 806
POMPANO BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PSDT
JERRY D. SMITH
1620 S. OCEAN BLVD. APT 8P
POMPANO BEACH, FL 33062 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry D. Smith - PRESIDENT JERRY D. SMITH 4/24/96 (954) 942 8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/night Phone #

CR2E034 (12/95)