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Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000071644 (6)**

1. Corporation Name  
**NIGHT HAWK ALARMS, INC.**



Principal Place of Business <b>1000 E ATLANTIC BLVD 201B POMPANO BEACH FL 33060 US</b>	Mailing Address <b>1000 E ATLANTIC BLVD 201B POMPANO BEACH FL 33060-7447 US</b>
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2. Principal Place of Business 21 <b>1620 S. OCEAN BLVD.</b> Suite, Apt #, etc. 22 <b>APT # 8P</b> City & State 23 <b>POMPANO, FL</b> Zip 24 <b>33062</b>	2a. Mailing Address 26 <b>1620 S. OCEAN BLVD.</b> Suite, Apt #, etc. 27 <b>APT 8P</b> City & State 28 <b>POMPANO, FL</b> Zip 29 <b>33062</b>	3. Date Incorporated or Qualified <b>09/26/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
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9. Name and Address of Current Registered Agent <b>SMITH, JERRY 1620 S. OCEAN BOULEVARD APARTMENT 8P POMPANO BEACH FL 33062</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDT	1.1 TITLE	
NAME	SMITH, JERRY D.	1.2 NAME	
STREET ADDRESS	1620 S OCEAN BLVD APT 8P	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Jerry D. Smith* **JERRY SMITH** 1-17-97 941-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)