

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

FILED
Jul 23 1996 8:00 am
Secretary of State

DOCUMENT # P94000077698 (6)

1. Corporation Name

ALARM ACQUISITIONS OF AMERICA, INC.



Principal Place of Business

10585 S.W. 109TH COURT
STE. 210
MIAMI FL 33176

Mailing Address

10585 S.W. 109TH COURT
STE. 210
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 **3200 NE 14th St Causeway**
Suite, Apt. #, etc.

26 **3200 NE 14th St. Causeway**
Suite, Apt. #, etc.

22 _____

27 _____

23 **Pompano Beach, FL**
City & State

28 **Pompano Beach, FL**
City & State

24 **33062**
Zip

25 **Broward**
Country

29 **33062**
Zip

30 **USA**
Country

9. Name and Address of Current Registered Agent

ODIERNA, ROBERT JR.
10585 S.W. 109TH COURT
STE. 210
MIAMI FL 33176

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

10/05/1995

4. FEI Number

65-0603040

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

10. Name and Address of New Registered Agent

81 Name

ODIERNA, Robert Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

3200 NE 14th St Causeway

83 _____

84 City

33062 Pompano Beach FL

85 Zip Code

33062

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 officer or registered agent in both 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 of individual or certified name of registered agent or officer or director

NOTE: Registered Agent Signature required when replacing

DATE

Robert Odierna Jr.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ODIERNA, ROBERT JR.	
STREET ADDRESS	10585 S.W. 109TH CT., SUITE 212	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ODIERNA, Robert Jr.	
1.3 STREET ADDRESS	3200 NE 14th St Causeway	
1.4 CITY-ST-ZIP	Pompano Beach FL 33062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
Date

(954) 784-8883
Business Phone #

CR2E034 (12/95)