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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015037 (1)

1. Corporation Name

AMERICAN FIRE SAFETY & ELECTRICAL SYSTEMS CORP.

Principal Place of Business

Mailing Address

P.O. BOX 695326
MIAMI FL 33269

P.O. BOX 695326
MIAMI FL 33269-5326

3. Date Incorporated or Qualified
02/22/1995

3a. Date of Last Report
04/30/1996

2. Principal Place of Business
21 6860 SW 81ST STREET

2a. Mailing Address
26 6860 SW 81ST STREET

4. FEI Number
65-0562143

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State
23 MIAMI FL

27 City & State
28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33143

Country

29 Zip
33143

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name CHARLES R. DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)
6860 SW 81ST STREET

83

84 City MIAMI

FL

85 Zip Code
33143

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

Charles R. Davis

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME JACKSON, BILLY W
STREET ADDRESS 20531 N.E. 6TH COURT
CITY-ST-ZIP NORTH MIAMI FL 33179

1.1 TITLE P & D ☒ Change ☐ Addition
1.2 NAME CHARLES R. DAVIS
1.3 STREET ADDRESS 9440 SW 146 STREET
1.4 CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ DELETE
NAME MANDY, JEFFREY K
STREET ADDRESS 20422 S.W. 52ND MANOR
CITY-ST-ZIP PEMBROKE PINES FL 33332

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Charles R. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 305-665-6941

Date Daytime Phone #

CR2E034 (9/96)