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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P95000017776	(2)

DOCUMENT # P95000017776 (2)  1. Corporation Nanue  SARASOTA ALARM & ELECTRIC, INC.									
Principal Place of Business N 4062 RADNOR PLACE SARASOTA FL 34233			Mailing Address  4062 RADNOR PLACE SARASOTA FL 34233						
					3. Date Incorporated or Qualific 03/02/1995	3a. Date	of Last R	teport	
2. Principal Pla		2a. Mailing Address 26			4. FEI Number 65-05643	360		Applied For Not Applicable	e
Suite, Apt. # 22 City & State		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
Zip	Country	City & State  28  Zip	Cour		Election Campaign Financing     Trust Fund Contribution		Adde	<b>0</b> May Be d to Fees	
24	25 9, Name and Address of Curre	29	30 Cour		This corporation has liability     Florida Statutes      Name and Address of Nere	res 🔼 No		199.032,	
SARASC  11. Pursuant to or registere	NDNOR PLACE OTA FL 34233 to the provisions of Sections 607.056 and agent, or both, in the State of Flo and accept the obligations of, Sei		utes, the abov	33 City e-named corporation's boa	ration submits this statement for the rd of directors. I hereby accept the a	FL purpose of cha ppointment as	ــــــــــــــــــــــــــــــــــــــ	o Code egistered offic agent. I am	e
	Signature typed or printed name of registered age	nt and fittle if applicable. (N ND DIRECTORS		gent signature require		DATE			_ ଜ
THE NAME STREET ADDRESS CITY-ST-ZIF	PD ESPOSITO, PHILIP T 4062 RADNOR PLACE SARASOTA FL 34233	DELETE			ADDITIONS/CHANGES TO C		DIRECTO Change	RS IN 12	CR2E034 (12/95)
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VSTD PIKUZINSKI-ESPOSITO , HE 4062 RADNOR PLACE SARASOTA FL 34233	ELENA L	2 1 THT 2 2 NAN 2 3 STR	F			] Change	Addition	- 5
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TITLE NAME STREET ADDRESS		☐ DELETE	6 1 TITL 6 2 NAM	E			Change	Addition	

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 the 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 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 11 chartened. Or an attachment with an address.

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR