05-03-1999 90074 038 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation	MENT # <b>P9500</b> (	)017776					
•	TA ALARM & ELECTRIC, I	NC.				a: 11 <b>8</b> 11 188(1 1881)	18848 8(1) 1884
		•					
Principal Place	e of Business	Mailing Address	-			#1	
4062 RADNOR		4062 RADNOR PLACE					
SARASOTA FL		SARASOTA FL 34233			DO NOT WORK IN THE	IC CDACE	
•					DO NOT WRITE IN THI  3. Date incorporated or Qualifed	O OF ACE	
					03/02/1995	·	
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
21		26		65-0564360	<del></del>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State	<u> </u>		City & State		6. Election Campaign Financing	\$5.00	May Re
23	<b>5</b>	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		This corporation owes the current year Intangible		. 1
24	25	29	30		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Registere	d Agent	
PAG	ANTA DUU ID T		81	Name			
	OSITO, PHILIP T	•	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
4062 RADNOR PLACE			<u> </u>			<del>.</del>	
SARASOTA FL 34233			83				
			84	City		85 Zip C	Code
				<u> </u>	F		ragistared
office or re	egistered agent or both in the State	e of Florida. Such change was at	itnorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes	i.			
SIGNATURE		(A)	Danistand Ass	nt signature require	d when rainstating) OATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PD DELETE		1.1 TITLE		to the state of th	Change	Addition
NAME			1.2 NAME		·		
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	0.0000000000000000000000000000000000000		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	-	•		
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34233		2.4 CITY-5	ST-ZIP		the safe y	
TITLE	☐ DELETE 3.11		3.1 TITLE			Change	☐ Addition
NAME	3.21		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS	•		4.3 STREE	TADDRESS	,		
CfTY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	ļ.		5.1 TITLE				
NAME		•	5.2 NAME	T ADDRESS	•		
STREET ADDRESS			5.3 STREE 5.4 CITY- S				
CITY-ST-ZIP		DELETE	6.1 TITLE	71 - 4,11		Change	Addition
TITLE		· L. DELETE	62 NAME				_
NAME STREET ANDRESS				TADDRESS			
SIREFI ADDRESS!							

CITY-ST-ZIP COLUMN COLUMN STATES 14. I 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 of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941365-1427