

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024864 (7)

1. Corporation Name

AMERICAN WIRELESS ALARM, INC.

Principal Place of Business

Mailing Address

1863 UNIVERSITY PKWY.
SARASOTA FL 34243

PO BOX 888
TALLEVAST FL 34270-0888

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 4501 MANATEE AV. W.

Suite, Apt. #, etc.

22 181

City & State

23 BRADENTON FL

Zip

24 34209

Country

25 USA

2a. Mailing Address

26 4501 MANATEE AV. W.

Suite, Apt. #, etc.

27 181

City & State

28 BRADENTON FL

Zip

29 34209

Country

30 USA

4. FEI Number

59-3304069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKOS, JOHN R
1864 UNIVERSITY PKWY.
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

JOHN R BAKOS

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

4501 MANATEE AV. W. #181

83

84 City

BRADENTON

FL

85 Zip Code

34209

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

John R Bakos
Signature, typed or printed name of registered agent and title if applicable

JOHN R BAKOS

3-25-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS BAKOS, JOHN R.
CITY - ST - ZIP 1863 UNIVERSITY PKWY.
PO BOX 888 TALLEVAST FL 34270-0888

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS JOHN R BAKOS
1.4 CITY - ST - ZIP 4501 MANATEE AV. W. #181
BRADENTON FL 34209

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(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:

John R Bakos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97
Date

941-714-0171
Daytime Phone #

0435740

CR2E034 (9/96)