

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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90150 023 \*\*\*150.00

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1. Corporation Name

AMERICAN WIRELESS ALARM, INC.



Principal Place of Business

6320 15TH STREET E  
SUITE C-6  
SARASOTA FL 34243  
US

Mailing Address

46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA FL 34236  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

59-3304069

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 owes the current year Intangible  
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 8466 N. LOCKWOOD RIDGE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc. ROAD

22 #117

27 City & State

23 SARASOTA FL

28 City & State

Zip Country

24 34243

Zip Country

29

30

9. Name and Address of Current Registered Agent

WEINER, NEVIN  
46 N WASHINGTON BLVD  
SUITE 1  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WELFORD, BARLETT  
STREET ADDRESS 8466 N LOCKWOOD RIDGE RD, SUITE 117  
CITY-ST-ZIP SARASOTA FL 34243

TITLE VP ☐ DELETE

NAME BARTH, BRETT  
STREET ADDRESS 8466 N LOCKWOOD RIDGE RD, SUITE 117  
CITY-ST-ZIP SARASOTA FL 34243

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

D/P/S

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

D/VP/T

☒ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505(1), 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 has 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 and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like emp

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 358-8808

Date

Daytime Phone #

0474119

CR2E034 (11/98)