FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000029975 (6)**

1. Corporation Name

ALARM LOGIC SECURITY SERVICES, INC.

Principal Place of Business
276 NW 97TH AVE
PLANTATION FL 33324

Mailing Address
276 NW 97TH AVE
PLANTATION FL 33324

3. Date Incorporated or Qualified: **04/12/1995**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 593309003 — 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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

PALLER, SCOTT
~~**276 NW 97TH AVE**~~
~~**PLANTATION FL 33324**~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3474 N. University Dr Suite 519
83
84 City: Sunrise, FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: 2/29/96

12. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	PALLER, SCOTT
STREET ADDRESS	276 NW 97TH AVE
CITY - ST - ZIP	PLANTATION FL 33324
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

11 TITLE	[X] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	~~276 NW 97~~ 3474 N University Suite 519
14 CITY - ST - ZIP	Sunrise, FL 33351
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

4 Reg by Bank 150

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/29/96 Daytime Phone: 954-4246040

SCF 2-29-96

CR2E034 (12/95)