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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0289606

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000039810**

1. Corporation Name
ALPINE BURGLAR ALARM, CORP.

Principal Place of Business	Mailing Address
1003 CITRUS ISLE FT. LAUDERDALE FL 33315 US	P O BOX 9943 FT. LAUDERDALE FL 33310 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
05/18/1995

4. FEI Number
65-0587424
[ ] 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 [X] No

9. Name and Address of Current Registered Agent

WARNER, ROBERT B
7 GRANGE PLACE
BOYNTON BCH FL 33462

10. Name and Address of New Registered Agent

81 Name: PATRICIA R. SWEENEY
82 Street Address (P.O. Box Number is Not Acceptable): 2420 DIANA DRIVE #401
83
84 City: HALLANDALE FL 85 Zip Code: 33009

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: PATRICIA R. SWEENEY (Signature, typed or printed name of registered agent and title if applicable) Patricia R. Sweeney (Signature of Agent) 1-20-1999 (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VICE PRESIDENT	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	WARNER, ROBERT B		12 NAME	
STREET ADDRESS	7 GRANDE PLACE		13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33462		14 CITY-ST-ZIP	
TITLE	PRESIDENT	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	PATRICIA SWEENEY		22 NAME	
STREET ADDRESS	2420 DIANA DR. #401		23 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia R Sweeney Robert B Warner 1-20-1999 954-421-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

PATRICIA R. SWEENEY ROBERT B WARNER

CR2E034 (11/98)