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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069068 (1)

A & C ALARM SYSTEM, INC.

Principal Place of Business Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



851 EAST 17TH STREET HIALEAH FL 33010	851 EAST 17TH STREET HIALEAH FL 33010		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 09/07/1995	SPACE
2. Principal Place of Business 21 573 2. \$757	2a. Mailing Address	. 82151	4. FEI Number	Applied For
		. 8 - 37	65-0616209	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 H1 H1 & 11 F1.	City & State / 17 17 1.57.	H, Fl.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29 33010 3	Country	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
CARDOSO, EDILBERTO 81 Name EDIL BERTO CARDOSO				
340 EAST 7TH STREET APT, 104			81 Name EDIL BENTU CARNOSU 82 Street Address (P.O. Box Number is Net Acceptable) 53	
HIALEAH FL 33010				
		84 City	halomy FL	85 Zip Code 3 3 U/U
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the chave named	corneration cultimite this etatement for the purpose of	f changing its registered
office or registered agent, or both, in the state of agent. I am familiar with, and accept the obligat	i Florida, Such criange was au ions of, Section 607.0505, Flori	thonzed by the corp dayStatutes.	poration's board of directors. I hereby accept the app	politiment as registered
SIGNATURE Signature typed or profest name of trepstored agreed and later if agriculture (NOTE: Registered Agent signature required when reinstalling) DATE DATE				
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	☐ DELETE	1.1 TITLE	D./P	Change Addition
NAME CARDOSO, EDILBERTO		1.2 NAME	EDILBERTO CARCIOSO	
STREET ADDRESS 340 EAST 7TH ST., APT. 104		1.3 STREET ADDRESS	ETILBERTU CARDOSU 573 E. 801 ST. HO HALOSH FL 33010	
CITY-ST-ZIP HIALEAH FL		1.4 CITY-ST-ZIP	HI HIGHH , PL 33010	
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	Decer	2. 4 CITY-ST-ZIP		Change Laddition
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE	ن مردداد	4.1 TITLE 4. 2 NAME		
NAME PROPER ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	<u></u>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		•
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
NIT VI EII 1		11	ed in Section 119.07(3)(i), Florida Statutes. I further of	artifu that the information

1. 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 frustee 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.

MONATURE TO THE ENILORD TO CONTE 2/23