

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mprtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070659 (4)

1. Corporation Name

ALARM SCREENS, INC.

Principal Place of Business

712 NW 57 STREET
FORT LAUDERDALE FL 33309

Mailing Address

POST OFFICE BOX 6807
DELRAY BEACH FL 33482-6807

3. Date Incorporated or Qualified 09/11/1995
3a. Date of Last Report 03/06/1996

2. Principal Place of Business	2a. Mailing Address
21 1865 S.W. 4th Ave	26 8230 CASSIA Drive
22 Suite, Apt. #, etc. D-5	27 Suite, Apt. #, etc. BOUNTON BEACH
23 City & State Delray Beach, FL	28 City & State Florida
24 Zip 33444	29 Zip 33437
25 Country Palm Beach	30 Country Palm Beach

4. FEI Number 65-0638061
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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOPPEL, WAYNE S ESQUIRE
100 SE 86TH STREET
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BERNSTEIN, DONALD	1.2 NAME	
STREET ADDRESS	712 NW 57 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BERNSTEIN, JACKIE	2.2 NAME	
STREET ADDRESS	712 NW 57 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	FELD, FRED	3.2 NAME	
STREET ADDRESS	1865 SW 4 AVENUE, D5	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	FELD, LYNDIA	4.2 NAME	
STREET ADDRESS	1865 SW 4 AVENUE, D5	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

Date

Daytime Phone #

CR2E034 (9/96)