

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000075447 (9)**

1. Corporation Name

PRESTIGE ALARM CORPORATION



Principal Place of Business

Mailing Address

7071 W COMMERCIAL BLVD #2D
 FT LAUDERDALE FL 33319

7071 W COMMERCIAL BLVD #2D
 FT LAUDERDALE FL 33319

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 7071 W. Commercial Blv

22 Suite 2A

23 Tamarac, FL

24 33319

25 USA

2a. Mailing Address

26 7071 W. Commercial Blv

27 Suite 2A

28 Tamarac, FL

29 33319

30 USA

4. FEI Number

65-0612951

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

GALLIONE, RICHARD
 7071 W COMMERCIAL BLVD #2D
 FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name **Kevin D. Wilkinson, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
12794 W. Forest Hill Blvd.
Suite 28-B
 84 City **West Palm Beach** FL 85 Zip Code **33414**

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: *Kevin D. Wilkinson Esq*

Kevin D. Wilkinson Esquire

8/5/96

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLIONE, RICHARD	
STREET ADDRESS	7071 W COMMERCIAL BLVD #2D	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARADISE, M S	
STREET ADDRESS	7071 W COMMERCIAL BLVD #2D	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	M.S. Paradise	
13 STREET ADDRESS	7071 W. Commercial Blvd., Suite 2A	
14 CITY-ST-ZIP	Tamarac, FL 33319	
21 TITLE	Vice President & Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Richard K. Gallione	
23 STREET ADDRESS	7071 W. Commercial Blvd., Suite 2A	
24 CITY-ST-ZIP	Tamarac, FL 33319	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Kevin D. Wilkinson	
33 STREET ADDRESS	12794 W. Forest Hill Blvd. Ste 28B	
34 CITY-ST-ZIP	West Palm Beach, FL 33414	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin D. Wilkinson*

Secretary

7/17/96

5617537200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)