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PROFIT CORPORATION ANNUAL REPORT

1997



DOGGODA

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 11 1997 8:00am Secretary of State

DOCUMENT #	P96000002237	(1)
ALARMS BY BELL IN	C.	

ALARMS Principal Place 20 MARCO LAI MARCO 18 AN	KE-DRIVE	Mailing Address 20 MARCO LAKE DRIVE MABOO ISLAND FL 34145			
				3. Date Incorporated or Qualified	3a. Date of Last Report
····				01/02/1996	
	lace of Business	26 20 SUNSET	S-ni-	4. FEI Number	Applied For
21 30 50 Sulte, Apt.	UNSET STNO	Suite, Apt. #, etc.	31100	65-0639956	Not Applicable 88.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
	ISLAND, FL	28 MARCO ISLAN		Trust Fund Contribution	Added to Fees
Zip 24 3414		Zip 29 34145	Country 30 USA		Yes 🔀 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	OBLE, ROBERT F O PROVINCE WAY		RICHAI	no THACKSTON	
	PLES FL 33942			ress (P.O. Box Number is Not Acceptal	ble)
HA	CCO FL 33942		83	nsers (100	
			-		
			84 City	Island	FL 85 Zip Code 34 145
11. Pursuant	to the provisions of Castions CO7 0500	1007 4500 Et 11 00 11		poration auberite this statement for the	numana at abana na ita ana ataun d
a di buatt	to the provisions of Sections do 7.0502	and 607,1508, Florida Statute	es, the above-named cor	poration subtilis this statement for the	purpose of changing its registered
office or r	registered agent, or both, in the State of more familiar with, and accept the obligation	e and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Fic	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the attention's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Richard D. S.	hackto			
SIGNATURE	Signature, typed or prised name of registered agon	and title if applicable (NOTE	E Registered Agent signature requ	ered whon reinstaling)	DATE
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	and title if applicable (NOTE	Registered Agent signature requ		DATE
SIGNATURE	Signature, typed or prised name of registered agon	it and trille if applicable (NOTE) DIRECTORS	13. 1.1 TITLE 1.2 NAME	ored whon reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or privide name of repiscred agen OFFICERS AND THACKSTON, RICHARD D 20 SUNSET DRIVE NORTH	it and trille if applicable (NOTE) DIRECTORS	13. 1.1 TITLE 1.2 NAME	ered whon reinstaling)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typad or privide name of registered agen OFFICERS AND PO THACKSTON, RICHARD D	i and trife if applicative (NOTE DIRECTORS	13. 1.1 TITLE 12 NAME	ored whon reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or privide name of repiscred agen OFFICERS AND THACKSTON, RICHARD D 20 SUNSET DRIVE NORTH	it and trille if applicable (NOTE) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ored whon reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
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