

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002237 (1)**
1. Corporation Name
ALARMS BY BELL INC.



Principal Place of Business 20 SUNSET ST NO MARCO ISLAND FL 34145 US	Mailing Address 20 SUNSET ST NO MARCO ISLAND FL 34145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 601 Elkam Circle Suite, Apt. #, etc. 22 Suite C-5 City & State 23 MARCO ISLAND, FL Zip 24 34145 Country 25 USA		2a. Mailing Address 26 601 Elkam Circle Suite, Apt. #, etc. 27 Suite C-5 City & State 28 MARCO ISLAND, FL Zip 29 34145 Country 30 USA		3. Date Incorporated or Qualified 01/02/1996	
		4. FEI Number 65-0639956		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THACKSTON, RICHARD 20 SUNSET ST NO MARCO ISLAND FL 34145				10. Name and Address of New Registered Agent 81 Name JOSE LODEIRO 82 Street Address (P.O. Box Number is Not Acceptable) 10300 Sunset Drive 83 Suite 360 84 City Miami FL 85 Zip Code 33173			
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THACKSTON, RICHARD D			1.2 NAME			
STREET ADDRESS	20 SUNSET ST NO			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	WILLIAM MARTINEZ		
STREET ADDRESS				2.3 STREET ADDRESS	667 102nd. Ave. N.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Naples, FL 34108		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: **R D Thackston** RICHARD D, THACKSTON 4-3-98 941-642-6661

CR2E034 (10/97)