

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90082 030 ***150.00

DOCUMENT # P96000002237

1. Corporation Name
ALARMS BY BELL INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 601 ELKAM CIRCLE STE C-6 MARCO ISLAND FL 34145 US		Mailing Address 601 ELKAM CIRCLE STE C-6 MARCO ISLAND FL 34145 US	
2. Principal Place of Business 21 1850 SAN MARCO ROAD Suite, Apt. #, etc. 22 SUITE A City & State 23 MARCO ISLAND, FL Zip Country 24 34145 25		2a. Mailing Address 26 1850 SAN MARCO ROAD Suite, Apt. #, etc. 27 SUITE A City & State 28 MARCO ISLAND, FL Zip Country 29 34145 30	
9. Name and Address of Current Registered Agent LODEIRO, JOSE 10300 SUNSET DR STE 960 MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name RICHARD THACKSTON 82 Street Address (P.O. Box Number is Not Acceptable) 20 N. SUNSET STREET 83 84 City MARCO ISLAND FL 85 Zip Code 34145	
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 <i>[Signature]</i> DATE 4-29-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME THACKSTON, RICHARD D STREET ADDRESS 20 SUNSET ST NO CITY-ST-ZIP MARCO ISLAND FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VPD NAME MARTINEZ, WILLIAM STREET ADDRESS 667-102ND AVE N CITY-ST-ZIP NAPLES FL 34108		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 125 Pago Pago Drive East 2.4 CITY-ST-ZIP Naples, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

(941) 642-6661

Daytime Phone #

CR2E034 (11/98)