

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000009236 (6)**

1. Corporation Name  
**SPS ACQUISITIONS, INC.**



Principal Place of Business <b>1860 OLD OKEECHOBEE ROAD #510 W PALM BEACH FL 33409</b>	Mailing Address <b>1860 OLD OKEECHOBEE ROAD #510 W PALM BEACH FL 33409-5242</b>
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3. Date Incorporated or Qualified <b>01/30/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>1610 Independent Square</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1610 Independent Square</b> Suite, Apt. #, etc.
22 City & State 23 <b>Jacksonville, FL</b>	27 City & State 28 <b>Jacksonville, FL</b>
24 Zip <b>32202</b>	29 Zip <b>32202</b>

4. FEI Number <b>65-0648748</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FIELDSTONE, RONALD R 200 S. BISCAYNE BLVD. SUITE 2100 MIAMI FL 33131</b>	
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81 Name <b>Main, James L.</b>	85 Zip Code <b>32202</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Kirschner, Main, Graham, Tanner, &amp; Demont</b>	
83 <b>1610 Independent Square, Suite 2000</b>	
84 City <b>Jacksonville,</b>	FL

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 *James L. Main* **James L. Main, Registered Agent** **4/23/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D ALLEN, RICHARD S</b>
STREET ADDRESS	<b>115 EAST PUTNAM AVENUE</b>
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SHAW, MICHAEL T</b>
STREET ADDRESS	<b>1860 OLD OKEECHOBEE RD. #510</b>
CITY - ST - ZIP	<b>W PALM BEACH FL 33409</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>D McCrae, Walter</b>
13 STREET ADDRESS	<b>1725 Memorial Park Drive</b>
14 CITY - ST - ZIP	<b>Jacksonville, FL 32204</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>D Kuhne, John</b>
23 STREET ADDRESS	<b>14 South Main Street</b>
24 CITY - ST - ZIP	<b>Greenville, SC 29601</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>D MacDonnell, Russell</b>
33 STREET ADDRESS	<b>2121 Cornell Street</b>
34 CITY - ST - ZIP	<b>Sarasota, FL 34237</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>CD Purcell, Kenneth E.</b>
43 STREET ADDRESS	<b>1610 Independent Square</b>
44 CITY - ST - ZIP	<b>Jacksonville, FL 32202</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>ST Lanigan, Mindy</b>
53 STREET ADDRESS	<b>1610 Independent Square</b>
54 CITY - ST - ZIP	<b>Jacksonville, FL 32202</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>V Marinatos, Anthony</b>
63 STREET ADDRESS	<b>1610 Independent Square</b>
64 CITY - ST - ZIP	<b>Jacksonville, FL 32202</b>

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: *Mindy Lanigan* **Mindy Lanigan** **4/22/97** **(904)355-3519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY/TREASURER Daytime Phone #

CR2E034 (9/96)

**SPS Acquisition, Inc.**  
**1997 Annual Report**  
**FEI# 65-0648748**  
**Additional Director**

**D**  
**Stein, Robert**  
**1610 Independent Square**  
**Jacksonville, FL 32202**

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F18766** (8)

1. Corporation Name

**WESTCO SECURITY SYSTEMS, INC.**

Principal Place of Business

**2121 CORNELL STREET  
SARASOTA FL 34237**

Mailing Address

**2121 CORNELL STREET  
SARASOTA FL 34237-3437**



3. Date Incorporated or Qualified

**02/09/1981**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

**21 1610 Independent Square**

Suite, Apt. #, etc.

**22**

City & State

**23 Jacksonville, FL**

Zip

**24 32202**

Country

2a. Mailing Address

**26 1610 Independent Square**

Suite, Apt. #, etc.

**27**

City & State

**28 Jacksonville, FL**

Zip

**29 32202**

Country

**30**

4. FEI Number

**59-2058631**

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

**FIELDSTONE, RONALD R  
200 S. BISCAYNE BLVD.  
SUITE 2100  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**81 Name Main, James L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
Kirschner, Main, Graham, Tanner, & Demont  
83 1610 Independent Square, Suite 2000  
84 City Jacksonville, FL 85 Zip Code 32202**

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

**James L. Main, Registered Agent**

**4/23/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **MOTYCKA, STEVEN F.**  
STREET ADDRESS **3929 COUNTRYVIEW LN.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **PURCELL, KENNETH**  
STREET ADDRESS **16120 INDEPENDENT SQAURE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE  
NAME **WENMARK, DAVID**  
STREET ADDRESS **500 S. PINEAPPLE AVE.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **MACDONNEL, RUSSELL**  
STREET ADDRESS **2121 CORNELL STREET**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **MCCRAGE, WALTER**  
STREET ADDRESS **2121 CORNELL STREET**  
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **C** ☒ DELETE  
NAME **ALLEN, RICHARDS S**  
STREET ADDRESS **2121 CORNELL STREET**  
CITY-ST-ZIP **SARASOTA FL 34237**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **CD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1610 Independent Square**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32202**

3.1 TITLE **V** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **Sarasota, FL 34237**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Kuhne, John**  
4.3 STREET ADDRESS **1610 Independent Square**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32202**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **Mc Rae, Walter**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Stein, Robert**  
6.3 STREET ADDRESS **1610 Independent Square**  
6.4 CITY-ST-ZIP **Jacksonville, FL 32202**

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:

**Mindy Lanigan**

**Mindy Lanigan**

**4/22/97**

**(904) 355-3519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)

**Westco Security Systems, Inc.**  
**1997 Annual Report**  
**FEI# 59-2058631**  
**Additional Officers:**

**ST**  
**Lanigan, Mindy**  
**1610 Independent Square**  
**Jacksonville, FL 32202**

**V**  
**Marinatos, Anthony**  
**1610 Independent Square**  
**Jacksonville, FL 32202**