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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000019328 (9)

1. Corporation Name  
BORRELL FIRE SYSTEMS, INC.



Principal Place of Business  
3528 NORTH NEBRASKA AVENUE  
TAMPA FL 33603

Mailing Address  
3528 NORTH NEBRASKA AVENUE  
TAMPA FL 33603-5036

3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last Report
4. FEI Number 59-3365347	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
BORRELL, ANTHONY J  
3528 NORTH NEBRASKA AVENUE  
TAMPA FL 33603

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
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

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	D <input type="checkbox"/> DELETE
NAME	BORRELL, ANTHONY J JR.
STREET ADDRESS	3528 NORTH NEBRASKA AVENUE
CITY-ST-ZIP	TAMPA FL 33603
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHAIRMAN OF THE BOARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANTHONY J. BORRELL, JR.
1.3 STREET ADDRESS	3528 N. NEBRASKA AV.
1.4 CITY-ST-ZIP	TAMPA, FL. 33603
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES A SUAREZ
2.3 STREET ADDRESS	3528 N. NEBRASKA AV.
2.4 CITY-ST-ZIP	TAMPA, FL. 33603
3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS BUTLER
3.3 STREET ADDRESS	501 N. NEWPORT AV.
3.4 CITY-ST-ZIP	TAMPA, FL. 33606
4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANDALL SMITH
4.3 STREET ADDRESS	624 DOUGLASS AV, SUITE 1404
4.4 CITY-ST-ZIP	ALTAMUNTE SPRINGS, FL. 32714
5.1 TITLE	TREASURER/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARLOS MENDOZA
5.3 STREET ADDRESS	3601 N. NEBRASKA AV.
5.4 CITY-ST-ZIP	TAMPA, FL. 33603
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS MENDOZA 1/9/97 223-2727

CR2E034 (9/96)