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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthaga Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

71997

P96000054912

FILED May 05 1997 8:00am Secretary of State

1. Corporation Name																
SPRINKLER SYSTEMS CORP																
Principal Place			Mailing A			7 .1										
										•						
								İ	3. Da	te Incor	porated o	or Qualif	ied 3a.	Date of	Last R	eport
											27	1496				
	lace of Business			ig Address		Λ.			4. FE	Numbe	er 🗸 🦯	01	000	>	}	oplied For
1 3323		Avc			90 ,	711	Æ			<u>05</u>	06	81	092			ot Applicable
— S⊌te Apt⊸ I⊓	#, eta			Apt. #, etc.					5 . Ce	rtificate	of Status	Desired		\$		Additional aguired
City & State	rs .		[27] City 8	Slale					R Flo	ection C	ampaign	Financir		-		May Be
3 Micr	~	1	28	tianu' -	FI			ŀ			Contribu		<u> </u>			to Fees
Zip	-	Country	Zip		Cou	٠.			B. Th	s corpo	ration ha	s liability	for intangi	ble tax	under s	199.032,
3316	,5 25	Florida	29 3	3/65	30	71	·			rida Sta	·		Yes			
	9. Name and	Address of Curre	nt Registered	Agent		22 i			10. Na	me and	Addres	s of Nev	v Registere	d'Ager	nt	
	D.	LEMUS				81	Name				/4/	1				
						82	Street A	ddres	s (P.O.	Box Nu	mber is I	Vot Acce	plable)			
•	3323	S.W 9	O AU.			83	····			 						***************************************
	MIAM.	F/A	33165			လ										
•	,	• •				84	City						F	85	Zip i	Code
•	L. Ab a la la laine	of ections 607.05	00 and 607 450	9 Florida Ctatuta	s the of		nomod (201001	otion s	ibmite t	oic ctator	pont for			poina it	te registeres
othae or re	to the provisions egistered agent,	or sections 607.056 of both, in the State of accept the oblig	o of Florida. Suc	ch change was a	uthorize	d by	the corp	oratio	n's boar	d of dir	ectors. I	hereby a	ccept the a	ppointr	nent as	registered
agent Lai	m familiar with, ai	rid ficcept the d plig	gations of, Secti	on 607,0505, Flo	rida Stat	utes	5.	_ [۱ ۵	1.	`					
S¶GNATURE	Signature Type diorph	JAMAKAZA a	ent and title if applica	star (NOTE	Registered	d Age	ent signature r	required	whearein	alating)	<i>}</i>		DATE			
12	-		D DIRECTORS		13.				AD	DITIONS	CHANG	ES TO C	FFICERS A	ND DIF	RECTOR	S IN 12
THU <u>L</u>	PRESID	The same	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	117)	TLE		1	1						Change	Addition
NAME	Pio	CMUS			1.2 N/	ME										
STREET ADDRESS	3323		AV.		1.3 \$1	REET	ADDRESS									
OTY 51 70	HIBM		33165			• • •	T-ZIP									T
TILE	VICE- 1	president	-TRIASU	DELETE	2.1 11									لسا	Change	Addition
NAMI	Lilst	CASTE	0	•	2.2 N/											
STREET ABORESS J	332	ې ريږي ۶	33165				ADDRESS									
DITY ST ZIF	HIA	41 72	3 3102	DELETE	3.1 1	_	ST-ZIP								Change	Addition
IAMI IAMI				>	3.2 N/		1							فنينو	o manige	had addition
NAME STREET ADDRESS							ADORESS									
CITY ST ZP							ST-ZIP									
111,1				DELETE	4.1 TI							······································			Change	Addition
NAME					4, 2 N	AME									CS	
STHELL ATURNESS					4.3 ST	REET	ADDRESS									113-3
CITY 5.1 - ZIP					4.4 CI	TY-S	ST - ZIP				,				2/	5197
10,1				DELETE	5.1 Ti	īLĒ									Change	Addition
NAM!	*				52 N	AME										
S REEF ADDRESS					5.3 S	REET	ADDRESS			<u></u>			است است ف	_ 4	71	
01Y-\$1_ZP	·,-			T-1 55, 5-5			37 - ZIP				مر جرالا بالايال	7 <u>~~</u> 1	1001) <u>L</u> (<u> </u>	
Title				DELETE	6.1 TI					_UD.	/UT/3 165.0	.∩ .∩∪	1001	ULL	unange	Addition
NAM:					6.2 N		4000000			न-कक्	. 0 3. U	U				
STREET ADDRESS							ADDRESS									
001+\$1-7IP]	hy certify that the	information supplie	ed with this film	n does not qualif	v for the	EXP	mption st	ated i	n Sectio	n 1197	7(3)(i). F	lorida St	atutes, i fur	ther cer	tify that	the
informatio	on indicated on th	information supplies annual revort or of the corporation of the corporation of the translation of the transl	suppremental a	annual report is tr	ue and	acci	urate and	that n	ny signa	ture sh	all have t	he same	legal effec	tasif	nade un	der oath, th
i am ac o appears i	nnder or tilregior i iri Block 12 or Blo	ok 13 if charted,	or on an attachi	ment with an add	ress.	oati V	Julio Itilis 10	aport 8	1//	neu by	onapier i	υυν, ΓΙΨΙ	ioa sialule: I	a, α∗iù li - /	iat my I	iui IIÇ
	V	Drumo		ď		Þ	9-1	M	///		_	Λ	4/0	۶/ş	״	