

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

FILED

Jul 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000064896 (9)  
1. Corporation Name  
~~Advanced Digital Alarms, Inc.~~  
Advanced Digital Alarms, Inc.



Principal Place of Business  
1545 POWERLINE RD 4555  
OAKLAND PARK FL 33309  
US

Mailing Address  
1545 POWERLINE RD 4555  
OAKLAND PARK FL 33309  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0716748		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country		

9. Name and Address of Current Registered Agent BLANKENSHIP, CHUCK 1920 NW 36TH ST OAKLAND PARK FL 33309		10. Name and Address of New Registered Agent	
		81 Name Daryl A Blankenship	
		82 Street Address (P.O. Box Number is Not Acceptable) 11616 NW 37 ST	
		83	
		84 City Coral Springs, FL	85 Zip Code 33065

11. Pursuant to the provisions of Sections 607.0507 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANKENSHIP, CHUCK	1.2 NAME	Daryl A. Blankenship
STREET ADDRESS	1920 NW 36TH ST	1.3 STREET ADDRESS	11616 NW 37 ST
CITY-ST-ZIP	OAKLAND PARK FL 33309	1.4 CITY-ST-ZIP	Coral Spr, FL 33065
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, JEAN	2.2 NAME	
STREET ADDRESS	1920 NW 36 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
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	900002578949
STREET ADDRESS		5.3 STREET ADDRESS	-07/02/98--01041--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***258.76
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900002578949
STREET ADDRESS		6.3 STREET ADDRESS	-07/02/98--01041--015
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***299.93

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: *[Signature]* shu/or 854-938-4455

CR2E034 (10/97)