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

PROFIT COBPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

FILED

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068369 (3)

UNIVERSAL SECURITY MONITORING, INC.

Principal Place	e of Business	Mailing Addre	Mailing Address			18811881 168 1884 8014 8814 8811 8811 9811	A Mirat raines (title artir	# 1011 1001
3510 NW 97TH BLVD. GAINESVILLE FL 32006			3510 NW 97TH BLVD. GAINESVILLE FL 32606-7322					
						3. Date Incorporated or Qualified 38 08/16/1996	Date of Last Re	eporl
	lace of Business	2a. Mailing Ad	dress			4. FFI Number	Ap	plied For
21		26				59-3406254		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	e	City & State	0			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24	Country 25	7ip	30	Sountry	/	This corporation has liability for inlanger of the foliation of the file	gible tax under s.	. 199.032
1 2 1	9. Name and Address of Curren					10. Name and Address of New Registe		
	TORE, JOHN A JR.			81	Name			
3510 NW 97TH BLVD.				82	Otroot Ad	dress (P.O. Box Number is Not Acceptable)		·
GAINESVILLE FL 32606				02	SHEELAU	oress (rc. box Northbeins Not Acceptable)		
]				83				
				84	City		85 Zip (Code
			V. 1. 2				 - 	
office or r	to the provisions of Sections 607.050. ogistered agent, or both, in the State	2 and 607.1508, Flo of Florida, Such ch	rida Statutes, the ange was author	e abov ized b	e-named co y the corpor	orporation submits this statement for the purpo- ation's board of directors. Thereby accept the	so of changing its appointment as	s registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 60	7.0505, Florida 8	Statute	S.			Į.
SIGNATURE	Signature, typed or printed name of registered age	at a of the it works also	(NOIL Brown	Lung An	out thorabuse too	pured when teinstating) DA		
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE			DELETE 1.	1 TITLE	T-		Change	Addition
NAME	John A.Pastore	Jr.	1	2 NAME				[3
STREET ADDRESS	President		1.	3 STREET	ADORESS			5
CITY-ST-ZIP 3510 NW 97th.Blvd.			. 1	4 CITY - 5	ST-ZIP			اة
TITLE	Gainesville,Fl.	32606 🗆	DELETE 2	111116			Change	Addition C
NAME			2	2 NAME				
STREET ADDRESS			2	3 STREET	ADDRESS			
CITY-ST-ZIP			2	4 CITY-	ST-ZIP			
TITLE			DELETE 3	1 11116			Change	Addition
NAME			3	2 NAME				
STREET ADDRESS			3	3 STREE	FADDRESS			
CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • • •	4 CHY-	S1 - 7IP			
TITLE		L	DELETE 4	1 THILE			Change	Addition
NAME			4	2 NAME				
STREET ADORESS			4	.3 \$1REC	I ADDRESS			
CITY-ST-ZIP				4 CITY - 3	ST - 71F'			
TITLE			DELETE 5	1 TITLE			Change	
NAME			5	2 NAME				
STREET ADDRESS			5	a STREE	I ADDRESS			
CITY-ST-ZIP				4 CITY- (ST - 7IP			
TITLE			DELETE 6	1 11111			Change	☐ Addition
NAME			6	2 NAME				
STREET ADDRESS			6	3 STREE	I ADDRESS			

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 eath; 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 chaptert, or on an attaching with an address.

3-25-97

352-332-6100

Com Out

CITY-ST-ZIP

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