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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1998 8:00am

Secretary of State

b the stage has court with the tree sales been delle the treet beats there are the

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078772 (6)

ACA SECURITY AND AUTOMATION, INC.

Principal Place of Business Mailing Address								,, 48431 48814 181	#16 (18) (48)
3599 23 AVE SOUTH STE 10 3599 23 AVE SOUTH STE 10 LAKE WORTH FL 33461 LAKE WORTH FL 33461					DO NOT WRITE IN THIS \$PACE				
						3. Date Incorporated or Qualific	ed	100	
						09/20/1996			
2. Principal P	lace of Business	2a. Mailing Addre	88\$			4. FEI Number		A	pplied For
21		26				65-0696338		_ N	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #,	etc.			1		\$8.75	Additional
22		27				5. Certificate of Status Desired	<u></u>	Fee R	beriupe
City & State	e	City & State				6. Election Campaign Financing	3	\$5.00	May Be
23		28			_	Trust Fund Contribution		Added	to Fees
Zip	Country	Zφ		Country		8. This corporation owes or has	paid the cur	rent year In	tangible
24	25	29	30			Personal Property Tax due J			☐ No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
ATI	KINS, ANDREW C III			81	Name				
	99 23 AVE SOUTH STE 10			82	Street Add	dress (P.O. Box Number is Not Acce	rtahlal	_	
	KE WORTH FL 33461				Olioci Mac	Gross (F.O. DOX Marrison is Mot Acce)	otable)		
"	1,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83				_	
				84	City		FL	85 Zip	Code
						·····		l phonoing i	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florid	a Statutes, th	ho above	-named cor	rporation submits this statement for th	ne burbose oi	CHARICIER	is realsterea l
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607 1508, Florid of Florida. Such chan	la Statutes, th ge was autho	he above orized by	named cor the corpora	rporation subm <mark>its</mark> this statement for the ation's board of directors. I hereby ac	ne purpose of scept the app	ointment as	its registered registered
	to the previsions of Sections 607.050 egistered agont, or both, in the State m familiar with, and accopt the oblig	1	la Statutes, th ge was autho 2505, Elerida	he above orized by Statutes	e-named cor the corpora	rporation submits this statement for thation's board of directors. I hereby ac	cept the app	changing i ointment as	its registered registered
11, Pursuant office or ragent.		1	4	لبلابر	and de		cept the app	changing in countries as	is registered
SIGNATURE	Stradure, typed or presed name of region red age	en and rim if application	(NOTE OF	jistored Ager	and de	uired when reinstating)	DATE	10- -	
SIGNATURE	Stimularity type of or previous name of region rest age OFFICE HS AN	1	(NOTE Regi	jistored Ager	and de		DATE	DIRECTO	
SIGNATURE 12. TITLE	Stendure, by a discrete rank of tregion and Agreement Ag	en and rite if application ID DIRECTORS	(NOTE Progr	jistored Ager 13. 1,1 TITLE	and de	uired when reinstating)	DATE	10- -	RS IN 12
SIGNATURE 12. TITLE NAME	STANDARD OF PROJECT OF	en activité application D DIRECTORS	(NOTE Rogi	jistored Ager 13. 1,1 TITLE 1,2 NAME	nt signature requ	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	en activité application D DIRECTORS	(NoTe riegi	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature roqu	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	STANDARD OF PROJECT OF	C. activité application ID DIRECTORS	(NoTh Regi	istored Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST	nt signature roqu	uired when reinstating)	DATE	DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	en activité application D DIRECTORS	(NO TROO)	istored Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET; 1.4 CITY-ST 2.1 TITLE	nt signature roqu	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	C. activité application ID DIRECTORS	(NOT PROS)	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CHY-ST 2.1 TITLE 2.2 NAME	ADDRESS 1- ZIP	uired when reinstating)	DATE	DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	C. activité application ID DIRECTORS	(PVO NOG)	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET /	ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(PVO N-PGG) LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CHY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CHY-ST	ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	C. activité application ID DIRECTORS	(PVO NOCO) LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CHY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CHY-ST 3.1 TITLE	ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTOI	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(PVO) Progr	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CHY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CHY-S 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(PVO) Progr	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CHY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CHY-ST 3.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTACTOR OF THE C	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(PVO) Progr	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.5 CITY-S 3.5 CITY-S 3.5 CITY-S 3.6 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S	ADDRESS I - ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(PVO) Progr	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 3.1 TITLE 3.2 NAME 3.3 STREET / 3.3 STREET / 3.3 STREET / 3.3 STREET /	ADDRESS I - ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTACTOR OF THE C	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(NOTA-ROG) LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S 3.5 CITY-S 3.5 CITY-S 3.5 CITY-S 3.6 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S 3.7 CITY-S	ADDRESS I - ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(NOTA-ROG) LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(NOTA-ROG) LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DE	(NOTA-ROG) LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-S 3.3 STREET / 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET /	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DEI DEI DEI DEI	LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET / 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.5 STREET / 4.4 CITY-S 4.5 STREET / 4.4 CITY-S 4.4 CITY-S 4.5 STREET / 4.5 STREET / 4.4 CITY-S 4.5 STREET / 4.4 CITY-S 4.5 STREET / 4.5 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DEI DEI DEI DEI	LETE LETE LETE LETE LETE LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-S 3.3 STREET / 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET / 4.2 TITLE 4.3 STREET / 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)	DATE	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DEI DEI DEI DEI	LETE LETE LETE LETE LETE LETE LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET / 5.1 TITLE 5.2 NAME 5.3 STREET /	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)	DATE	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ATKINS, ANDREW C 3599 23 AVE SOUTH STE 10	D DIRECTORS DEI DEI DEI DEI	LETE LETE LETE LETE LETE LETE LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET / 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET / 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	uired when reinstating)	DATE	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition

14. Thereby 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 of the receiver or trusted empowered developed by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or optimal all achiment with an address.

SIGNATURE:

6.3 STREET ADDRESS