

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000084779 (2)**
1. Corporation Name

ALLSAFE SECURITY SYSTEMS, INC.

APPROVED
AND
FILED

98 NOV 19 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8640 PHILIPS HIGHWAY SUITE 7, BUILDING 1
JACKSONVILLE FL 32256

Mailing Address
8640 PHILIPS HIGHWAY SUITE 7, BUILDING 1
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3470648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA
ONE INDEPENDENT DRIVE SUITE 2000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

Intrastate Registered Agent Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue, Suite 3000

83

84 City

Miami

FL

85 Zip Code
33131

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Donald W. Wallis, Vice President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-8-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SARGENTI, PAUL F**
STREET ADDRESS **2301 CAMINO RAMON SUITE 100**
CITY-ST-ZIP **SAN RAMON CA 94583**

TITLE **D** ☐ DELETE
NAME **DELLAPENTA, SUSAN L**
STREET ADDRESS **2301 CAMINO RAMON SUITE 100**
CITY-ST-ZIP **SAN RAMON CA 94583**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **700002634537**
1.3 STREET ADDRESS **-11/24/98--01025--020**
1.4 CITY-ST-ZIP ******550.00 ****550.00**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Paul F. Sargenti

9/29/98

925830-4777 x121

CR2E034 (5/98)