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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000098508 1. Corporation Name

ACCESS ALARM & SECURITY SYSTEMS OF FLORIDA, INC.

Principal Place of Business 1310 PENINSULA ROAD NORTH JUPITER FI 33477

Mailing Address

1310 PENINSULA ROAD NORTH JUPITER FL 33477

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90025 016 ***158.75



30/11/11/12/004							DO NOT WRITE IN THIS SPACE				
		3				۔ قتنہ	3. Date incorporated or Qualifed	-			= =
							11/19/1998				
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number			Applied For	_
21		26					65-088/720			Not Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	X	•	5 Additional	
22		27						<u> </u>	Fee	Required	4
City & State	•	City & State				1	6. Election Campaign Financing	П		00 May Be	
23		28					Trust Fund Contribution			ed to Fees	4
Zip	Country Zip			Country			8. This corporation owes the curre	ent year Int			
24	25 29 30			Personal Property Tax.				[_] Yes	XNo.	4	
	9. Name and Address of Curren	t Registered Agent		81			10. Name and Address of New R	egistered	Agent		\dashv
DISCUSSION OR TAKEN D. COCUME					Name						1
	ENSON, GREGORY B ESQUIRE		82 Street Addre			Address	s (P.O. Box Number is Not Accepta	ble)			1
	NORTH A1A, SUITE E-206										4
JUPIT	TER FL 33477	·		83							
	•		- 1	84	City				85 2	ip Code	1
					_			FL	. l l	•	
_11,_Pursuant.t	to the provisions of Sections 607,050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the a	bove	named c	corpora	tion submits this statement for the	purpose of	changing	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607,0505, Flori	tnonzed da Stati	utes.	tne corpoi	oration s	s board of directors. Thereby accep	v mie abboi	anunent a	s registored	
											-
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered	Agen	t signature re	equired wh	hen reinstating)	DATE			_ أ a
12.	OFFICERS AN	ID DIRECTORS	13.			_A_	ADDITIONS/CHANGES TO OF	FICERS A			11/08 /11/08
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: