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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S97076** (1)
1. Corporation Name
PERSONAL ALERT SYSTEMS, INC.



Principal Place of Business 9790 66TH ST N. LOT 60 PINELLAS PK FL 34866 US	Mailing Address P. O. BOX 64 LOT 60 PINELLAS PARK FL 33780-0064 US
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2. Principal Place of Business 21 2909-208TH ST Suite, Apt. #, etc. 22 City & State 23 LAKE CITY, FL Zip 24 32024 Country 25 USA	2a. Mailing Address 26 2909-208TH ST Suite, Apt. #, etc. 27 City & State 28 LAKE CITY, FL Zip 29 32024 Country 30 USA
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3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 02/12/1996
4. FEI Number 59-3128528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRYER, ROBERT E. 9790 66TH ST. N. LOT 60 PINELLAS PARK FL 34866	
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10. Name and Address of New Registered Agent 81 Name Robert E Cryer 82 Street Address (P.O. Box Number is Not Acceptable) 2909-208TH ST 83 84 City LAKE CITY FL 85 Zip Code 32024	
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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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert E Cryer* **ROBERT E. Cryer** DATE **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	CRYER, ROBERT E	1.2 NAME	Address Change only
STREET ADDRESS	9790-66TH ST. N. #60	1.3 STREET ADDRESS	(as above)
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	(as above)
TITLE	S	2.1 TITLE	S
NAME	CRYER, DELORES E.	2.2 NAME	Address Change only
STREET ADDRESS	9790-66TH ST. N. #60	2.3 STREET ADDRESS	(as above)
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	(as above)
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Robert E Cryer* **ROBERT E. Cryer** DATE **4/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (904) 963-4323

CR2E034 (9/96)