

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90081 016 ***150.00

DOCUMENT # S97076

1. Corporation Name

PERSONAL ALERT SYSTEMS, INC.

Principal Place of Business

2909 208TH ST
LAKE CITY FL 32024
US

Mailing Address

2909 208TH ST
LAKE CITY FL 32024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1991

4. FEI Number

59-3128528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **3512 Holiday Lk Dr**
Suite, Apt. #, etc.

2a. Mailing Address

26 **3512 Holiday Lk Dr**
Suite, Apt. #, etc.

City & State

23 **Holiday, FL**
Zip Country **USA**

City & State

28 **Holiday FL**
Zip Country **USA**

24 **34691**

25 **FL**

29 **34691**

30 **USA**

9. Name and Address of Current Registered Agent

CRYER, ROBERT E.
2909 208TH ST
LAKE CITY FL 32024

10. Name and Address of New Registered Agent

81 Name

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

83 **3512 Holiday Lk Dr**

84 City

HOLIDAY

85 State

FL

Zip Code

34691

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, Pres.**

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

(NOTE: Registered Agent signature required when changing)

DATE **2/26/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CRYER, ROBERT E**
CITY-ST-ZIP **2909 208TH ST LAKE CITY FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CRYER, DELORES E.**
CITY-ST-ZIP **2909 208TH ST LAKE CITY FL**

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 **Cryer Robert E.**
1.3 STREET ADDRESS **3512 Holiday Lk Dr (Address)**
1.4 CITY-ST-ZIP **HOLIDAY FL 34691**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Cryer, Delores E**
2.3 STREET ADDRESS **3512 Holiday Lk Dr (Address)**
2.4 CITY-ST-ZIP **HOLIDAY FL 34691**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99 800 9521806

CR2E034 (11/98)