


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

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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S97964 (8)</b> 1. Corporation Name <b>PROTECT-ALERT EMERGENCY RESPONSE SYSTEMS, INC.</b>					



Principal Place of Business	Mailing Address
<b>926 GREAT POND DR.</b> <b>SUITE 2001</b> <b>ALTAMONTE SPRINGS FL 32714</b> <b>US</b>	<b>P O BOX 160035</b> <b>ALTAMONTE SPRINGS FL 32716-0035</b> <b>US</b>

2. Principal Place of Business		2a. Mailing Address	
21	<b>283 N. North Lake Blvd</b>	25	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	<b>Suite 111</b>	27	
City & State		City & State	
23	<b>Altamonte Springs</b>	28	
Zip	Country	Zip	Country
24	<b>32701</b>	29	<b>Seminole</b>
30			

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>11/27/1991</b>	<b>05/01/1996</b>
4. FEI Number	Applied For
<b>59-3093952</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>HAAS, STEVEN D.</b> <b>926 GREAT POND DR., #2001</b> <b>ALTAMONTE SPRINGS FL 32714</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>Steven D. Haas</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>283 N. North Lake Blvd, Suite 111</b>
83	
84 City	<b>Altamonte Springs FL</b>
85 Zip Code	<b>32701</b>

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 ☒ an officer or director of the corporation and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Steven D. Haas* DATE: **4-2-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DPST</b>
STREET ADDRESS	<b>HAAS, STEVEN D.</b>
CITY - ST - ZIP	<b>926 GREAT POND DR., #2001</b>
	<b>ALTAMONTE SPRGS FL 32714</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D/V</b>
STREET ADDRESS	<b>GOODWIN, JEFFREY S.</b>
CITY - ST - ZIP	<b>926 GREAT POND DR., #2001</b>
	<b>ALTAMONTE SPRGS FL 32714</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>283 N. North Lake Blvd, Suite 111</b>
1.4 CITY - ST - ZIP	<b>Altamonte Springs, FL 32701</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>283 N. North Lake Blvd, Suite 111</b>
2.4 CITY - ST - ZIP	<b>Altamonte Springs, FL 32701</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in changed, or as an attachment with an address.

SIGNATURE: *Steven D. Haas* DATE: **4-2-97** (407) 862-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)