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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90209 030 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S97964

1. Corporation Name  
PROTECT-ALERT EMERGENCY RESPONSE SYSTEMS, INC.



Principal Place of Business <del>283 N. NORTH LAKE BLVD</del> <del>111</del> ALTAMONTE SPRINGS FL 32714 US	Mailing Address P O BOX 160035 ALTAMONTE SPRINGS FL 32716-035 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 299 LORAIN DR Suite, Apt. #, etc. 22 1001 City & State 23 ALTAMONTE SPRINGS, FL Zip 24 32714 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 11/27/1991	Applied For Not Applicable
4. FEI Number 59-3093952	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAAS, STEVEN D. 283 N. NORTH LAKE BLVD., STE. 111 ALTAMONTE SPRINGS FL 32714	10. Name and Address of New Registered Agent 81 Name HAAS, STEVEN D. 82 Street Address (P.O. Box Number is Not Acceptable) 299 LORAIN DR Suite 1001 83 ALTAMONTE SPRINGS 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714
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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  STEVEN D. HAAS 3-9-99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HAAS, STEVEN D. <del>283 N. NORTH LAKE BLVD., STE. 111</del> ALTAMONTE SPRGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 299 LORAIN DR, Suite 1001 ALT. SPRGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V GOODWIN, JEFFREY S. <del>283 N. NORTH LAKE BLVD., STE. 111</del> ALTAMONTE SPRGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 299 LORAIN DR, Suite 1001 ALTSPGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address, with all other like empowered.

SIGNATURE:  STEVEN D. HAAS Pres 3-8-99 (407) 862-6888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)