FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V02037** **(2)**

1. Corporation Name

AMBASSADOR ALARMS, INC.

Principal Place of Business

1304 SW 160TH AVENUE
SUITE 132
SUNRISE FL 33326
US

Mailing Address

1304 SW 160TH AVENUE
SUITE 132
SUNRISE FL 33326
US

3. Date Incorporated or Qualified: **12/18/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0302577** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☑ No

2. Principal Place of Business

21 1304 SW 160TH AVENUE
Suite, Apt. #, etc.
22 SUITE 297
City & State
23 SUNRISE FLORIDA
Zip / Country
24 33326 25 USA

2a. Mailing Address

26 1304 SW 160TH AVENUE
Suite, Apt. #, etc.
27 SUITE 297
City & State
28 SUNRISE FLORIDA
Zip / Country
29 33326 30 USA

9. Name and Address of Current Registered Agent

BEETS, DONALD C
5901 DEVON LANE
#203
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name: DONNA E. MONICA
82 Street Address (P.O. Box Number is Not Acceptable): 112 PUTTERS WAY
83
84 City: PONTE VEDRA BCH FL 85 Zip Code: 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Donna E Monica

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE S	Donna E. Monica	☐ Change ☑ Addition
NAME	BEETS, DARREN C.		12 NAME		
STREET ADDRESS	253 MALLORY COURT		13 STREET ADDRESS	112 Putters Way	
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082	
TITLE	D	☑ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BEETS, DONALD C.		22 NAME		
STREET ADDRESS	5901 DEVON LANE		23 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above.

SIGNATURE: PRES. 3/26/96 305 824 4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)