

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 # **V37353** (2)

1. Corporation Name
A.V.S. SECURITY SYSTEMS, INC.



Principal Place of Business: **5703 N. ANDREWS WAY FT. LAUDERDALE FL 33309 US**
Mailing Address: **5703 N. ANDREWS WAY FT. LAUDERDALE FL 33309 US**

3. Date Incorporated or Qualified: **05/12/1992**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **65-0357815**
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

21. Principal Place of Business: 26. Mailing Address
22. State, Apt. #, etc.: 27. Suite, Apt. #, etc.
23. City & State: 28. City & State
24. Zip: 25. Country: 29. Zip: 30. Country

9. Name and Address of Current Registered Agent
**NEWMAN ROGER
19724 NE 24TH CT
N MIAMI BCH FL 33180**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

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 agent 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEWMAN, ROBERT	
STREET ADDRESS	2401 S OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PASQUARELLO, JAMES	
STREET ADDRESS	3300 SW 32ND AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEWMAN, ROGER	
STREET ADDRESS	19724 NE 24 CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
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	ROBERT NEWMAN	
1.3 STREET ADDRESS	19724 N.E. 24 COURT	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33180	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES PASQUARELLO	
2.3 STREET ADDRESS	2620 N.E. 51 STREET	
2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER NEWMAN	
3.3 STREET ADDRESS	1211 MEADOWBROOK ROAD NE	
3.4 CITY-ST-ZIP	PALM BAY, FL 32905	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Newman* PRESIDENT 1/22/96 (305) 351-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)