

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

**FILED**  
**Feb 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V37353 (2)**  
 1. Corporation Name  
**A.V.S. SECURITY SYSTEMS, INC.**



Principal Place of Business <b>5703 N. ANDREWS WAY                  FT. LAUDERDALE FL 33309                  US</b>	Mailing Address <b>5703 N. ANDREWS WAY                  FT. LAUDERDALE FL 33309-2364                  US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/12/1992</b>	3a. Date of Last Report <b>01/29/1996</b>
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number <b>65-0357815</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>NEWMAN ROGER                  19724 NE 24TH CT                  N MIAMI BCH FL 33180</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT NEWMAN</b>	1.2 NAME	
STREET ADDRESS	<b>19724 N.E. 24 COURT</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES PASQUARELLO</b>	2.2 NAME	
STREET ADDRESS	<b>2620 N.E. 51 STREET</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>LIGHTHOUSE POINT FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGER NEWMAN</b>	3.2 NAME	
STREET ADDRESS	<b>1211 MEADOWBROOK ROAD N.E.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PALM BAY FL</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: Robert Newman DATE: 2/19/97 (954) 351-1111

CR2E034 (9/96)