

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Wanda B. Murray
 Secretary of State
 Tallahassee, Florida 32304

APPROVED
 AND
 FILED

95 MAY 10 11:10:35

DOCUMENT # **V60518 (0)**
ADVANCED ALARM SYSTEMS OF CENTRAL FLORIDA, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Principal Office Location 803 ASPENWOOD CIRCLE KISSIMMEE FL 34743		2a. Mailing Address 803 ASPENWOOD CIRCLE KISSIMMEE FL 34743		3. Date Incorporated or Qualified 08/27/1992		3a. Date of Last Report 04/21/1994	
2. Principal Office Location 21	2a. Mailing Address 26		4. FFI Number 59-3140539		Applied Fee Not Applicable		
22. State of Origin 22		27. State of Mailing 27		5. Certificate of Status (Desired) <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State 23		28. City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip 24	25. Zip 25	29. Zip 29	30. Country 30	8. This corporation has liability for intangible tax under § 199.037 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent ROYAL, GARY M. 803 ASPENWOOD CIRCLE KISSIMMEE FL 34743				10. Name and Address of New Registered Agent			
				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record designated in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PDF ROYAL, GARY M. 803 ASPENWOOD CIRCLE KISSIMMEE FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	STD ROYAL, WANDA G. 803 ASPENWOOD CIRCLE KISSIMMEE FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY & STATE		24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & STATE		24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037(1)(b), Florida Statutes. Further, I 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 at the time of the filing of this report as required by Chapter 199, Florida Statutes, and that my name appears on Block C of Block C of this report or on an attachment with an address.

SIGNATURE: *GARY M. ROYAL* *Wanda G. Royal* **5 5 95** **401 932 8019**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED
 (10)
 (12)

09/01/1992: 25

RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # **V60824** (2)
 Corporation Name
MANUEL GONZALEZ-PEREZ, M.D., P.A.

Principal Place of Business: **3923 ROSEWOOD WAY ORLANDO, FL 32808**
 Mailing Address: **3923 ROSEWOOD WAY ORLANDO, FL 32808**

(DO NOT WRITE IN THIS SPACE)

3. Date Inc. Organized or Qualified: **09/01/1992**
 3a. Date of Last Report: **05/01/1994**
 4. FEI Number: **59-3139258**
 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**
 6. This corporation has liability for intangible tax under S. 193 (32) Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 State, Apt. # etc.: **22**
 State, Apt. # etc.: **27**
 City & State: **23**
 City & State: **28**
 Zip: **24** County: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, MANUEL, M.D.
 3923 ROSEWOOD WAY
 ORLANDO FL 32808**

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 Section 607.012 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address specified on page 26 of this report. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and am qualified to perform the duties of Section 607.012(4), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:
12.1 NAME: D GONZALEZ, MANUEL 12.2 STREET ADDRESS: 3923 ROSEWOOD AVE. ORLANDO FL 12.3 CITY:	13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 STREET ADDRESS: 13.3 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: 12.5 STREET ADDRESS: 12.6 CITY:	13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 STREET ADDRESS: 13.6 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: 12.8 STREET ADDRESS: 12.9 CITY:	13.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 STREET ADDRESS: 13.9 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY:	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS: 13.12 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:
13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 STREET ADDRESS: 13.3 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 STREET ADDRESS: 13.6 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.8 STREET ADDRESS: 13.9 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.11 STREET ADDRESS: 13.12 CITY: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.02(1)(b), Florida Statutes. I further certify that the information included on the 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 holder of transferable securities for the purpose of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or as an addendum with an addition.

SIGNATURE: *x Manuel Gonzalez* **5/8/95** (407) 578-8030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR