

T9500000052

 (Requestor's Name)

 (Address)

 (City, State, Zip) (Phone #)

SHOULD LIST ALL
 -01/10/95--01029--005
 ****350.00 ****350.00

OFFICE USE ONLY

Security 1

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
 AS FILED IN 12 15 45
 SEC. FILED OFFICE
 WILL BE RECORDED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T95-52

Name	
Availability	<i>MP</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials _____

Florida Department of State, Jim Smith, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom
acknowledgement should be sent:

MICHAEL B. UDELL, ESQ.

P.O. BOX 841207

PEMBROKE PINES, FL. 33084

(305) 964-1744

Daytime Telephone number

PART I

1. (a) Applicant's name: SECURITY ONE SYSTEMS INC.

(b) Applicant's business address: 5703 N. Andrews Way
Ft. Lauderdale, Fl. zip: 33309

(c) Applicant's telephone number: () 1-800-940-6909

Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: L60747
(2) Federal Employer Identification Number: 65-0181483
(3) Domicile State: Florida

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)
Household and business security, installation of video and other
security devices and monitoring of alarm systems

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
labels, business cards, stationary, advertisements, brochures,
flyers

(Continued)

(d) The class(es) in which goods or services fall:

Class 7, Class 9, Class 37, Class 42

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: January 4, 1994

(b) Date first used in Florida: January 4, 1994

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Logo consisting of Word Security with a Numerical 1 across and over word security with an oblong behind the word security and number 1.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Security & Security " APART FROM THE MARK AS SHOWN.

I, ROBERT NEWMAN, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

SECURITY ONE SYSTEMS INC.
Typed or printed name of applicant

BY ROBERT NEWMAN, PRESIDENT *Robert Newman*
Applicant's signature or authorized person's signature
(List name and title)

STATE OF FLORIDA

COUNTY OF BROWARD

On this 29TH day of DECEMBER, 19 94,
personally appeared before me,

ROBERT NEWMAN
who is personally known to me
 whose identity I proved on the basis of _____

Michele C. Coad
Notary Public Signature
MICHELE C. COAD
Notary Public
My Commission Expires DEC 01, 1997
Bonds 100,000
800-422-1565

Seal

My Commission Expires

FEE: \$87.50 per class



Security One Systems

Corporate Offices

5703 N. Andrews Way
Ft. Lauderdale, FL 33309

Dade (305) 651-7482
Broward (305) 351-9393
Statewide (800) 940-6909
Fax (305) 351-2217

Alarm Monitoring Center

Dade (305) 628-5746
Broward (305) 923-8400
Statewide (800) 940-5746



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