

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
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DOCUMENT # F94000003273 (9)

1. Corporation Name
SENTRY ALARM SYSTEMS OF AMERICA, INC.



Principal Place of Business 520 HOWARD COURT CLEARWATER FL 34616	Mailing Address 520 HOWARD COURT CLEARWATER FL 34616
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3. Date Incorporated or Qualified 06/21/1994	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number -APPLIED FOR- 59-3249187	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. 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			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIELING, JOHN B	1.2 NAME	CARTER, DAVID
STREET ADDRESS	ONE INTERNATIONAL PLACE	1.3 STREET ADDRESS	3809 Beryl Road
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	Raleigh NC
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, DAVID A	2.2 NAME	LYNCH, JONATHAN
STREET ADDRESS	ONE INTERNATIONAL PLACE	2.3 STREET ADDRESS	380 Madison Avenue-12th Floor
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	New York NY
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROONEY, JOHN J	3.2 NAME	SNYDER, NANCY G.
STREET ADDRESS	520 HOWARD COURT	3.3 STREET ADDRESS	520 Howard Court
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERUZZI, JOHN	4.2 NAME	
STREET ADDRESS	ONE CHASE PLAZA - 8TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIN, J T	5.2 NAME	
STREET ADDRESS	100 NORTH TYRON STREET - 7TH FLOOR	5.3 STREET ADDRESS	800001801988
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	-04/30/96--01108--024
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, COLBY	6.2 NAME	
STREET ADDRESS	650 CIT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	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: Nancy G. Snyder VP Finance/Treasurer Date: 4/24/96 Daytime Phone: 813 441 3999

CR2E034 (12/95)

PM 4-30-96