

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 34616-1102**

3. Date Incorporated or Qualified: **06/21/1994**  
3a. Date of Last Report: **04/30/1996**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-3249187</b>	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			<input type="checkbox"/> Yes <input type="checkbox"/> No
24	24. Zip	29	29. Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	Country		Country		<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>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS ST., STE. 105</b> <b>TALLAHASSEE FL 32301</b>				81	81. Name		
				82	82. Street Address (P.O. Box Number is Not Acceptable)		
				83	83. City		
				84	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRIELING, JOHN B			1.2 NAME	John A. Grayman		
STREET ADDRESS	ONE INTERNATIONAL PLACE			1.3 STREET ADDRESS	900 S. Shackelford Rd. Ste 210		
CITY-ST-ZIP	BOSTON MA			1.4 CITY-ST-ZIP	Little Rock AR 72211		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRY, DAVID A			2.2 NAME	Stephen T. Refsell		
STREET ADDRESS	ONE INTERNATIONAL PLACE			2.3 STREET ADDRESS	900 S. Shackelford Rd Ste 210		
CITY-ST-ZIP	BOSTON MA			2.4 CITY-ST-ZIP	Little Rock AR 72211		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROONEY, JOHN J			3.2 NAME	John J Rooney		
STREET ADDRESS	520 HOWARD COURT			3.3 STREET ADDRESS	520 Howard Court		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	Clearwater, FL 34616		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, DAVID			4.2 NAME	David W. Carter		
STREET ADDRESS	3809 BERYL ROAD			4.3 STREET ADDRESS	3809 Beryl Rd		
CITY-ST-ZIP	RALEIGH NC			4.4 CITY-ST-ZIP	Raleigh, NC 27607		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAIN, J T			5.2 NAME	Lynn A. Bayer		
STREET ADDRESS	100 NORTH TYRON STREET - 7TH FLOOR			5.3 STREET ADDRESS	3809 Beryl Rd		
CITY-ST-ZIP	CHARLOTTE NC			5.4 CITY-ST-ZIP	Raleigh, NC 27607		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<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 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.

CR2E034 (9/96)