

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra P. Mortimer
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P37831 (5)**
 1. Corporation Name
ADT PROPERTY HOLDINGS, INC.



Principal Place of Business Mailing Address
DELAWARE TRUST BUILDING
902 MARKET STREET, 13TH FLOOR
WILMINGTON DE 19801
US
C/O ADT, INC.
2255 GLADES ROAD, SUITE 421 W
BOCA RATON FL 33431

3. Date Incorporated or Qualified 03/10/1992	3a. Date of Last Report 04/27/1995
4. FEI Number 51-0338635	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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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, if applicable

DATE Registered Agent signature required when applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAN S. BECK	12 NAME	
STREET ADDRESS	2255 GLADES RD. SUITE 421W	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	VSD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN J. LEVINE	22 NAME	
STREET ADDRESS	2255 GLADES RD. SUITE 421W	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	AS	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN M. OLBERT	32 NAME	
STREET ADDRESS	2255 GLADES RD. SUITE 421W	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	AS	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA K. PARKER	42 NAME	
STREET ADDRESS	2255 GLADES RD. SUITE 421W	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 officer 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 amendment with an address.

SIGNATURE:

Jan S. Beck, President *4/26/95* 997-8406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)