

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 308809 (3)

1. Corporation Name
SENTRY DOOR LOCK GUARDS, INC.

Principal Place of Business Mailing Address
**114 SW 3 AVENUE
16663 N.E. 19TH AVENUE
DANIA FL 33004
US** **C/O MAX M. HAGEN PA
16663 NE 19TH AVENUE
NORTH MIAMI BEACH FL 33162
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/02/1966** 3a. Date of Last Report **06/27/1994**
4. FEI Number **59-6220737** 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**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26** **NEW ADDRESS
MAX M. HAGEN,
3990 SHERIDAN ST. #104
HOLLYWOOD, FL 33021**
22. Suits, Apt. #, etc. 27. State
23 **28** **City & State**
24 **25** **29** **30** **Zip Country Zip Country**

9. Name and Address of Current Registered Agent
**HAGEN, MAX M., P.A.
16663 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent
81 Name
82 Street Address, P.O. Box Number is Not Acceptable
**NEW ADDRESS
MAX M. HAGEN,
3990 SHERIDAN ST. #104
83** **84** **85** **Zip Code**
HOLLYWOOD, FL 33021 FL

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 of Current Registered Agent) (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DORN, MICHAEL W.
STREET ADDRESS	P O BOX 326 N/A
CITY, ST, ZIP	DANIA FL
TITLE	STD
NAME	DORN, DIANA
STREET ADDRESS	P O BOX 326 N/A
CITY, ST, ZIP	DANIA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is correct and true for the purpose of the law. I understand that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as if I had signed with my own hand or that of the corporation or the person or persons empowered to make this report as required by Chapter 201, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Michael W. Dorn* MICHAEL W. DORN 2-12-95 405-932-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR