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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

CORAL SPRINGS HARDWARE/QUALITY LOCKSMITH SERVICE . INC.

## Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7600 B WILES ROAD 7667 W SAMPLE RD **CORAL SPRINGS FL 33067** DO NOT WRITE IN THIS SPACE **CORAL SPRINGS FL 33065** 3. Date Incorporated or Qualified 04/30/1970 4. FEI Number Applied For 2. Principal Place of Business Sample RC Not Applicable 59-1295672 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible Zip □ No Personal Property Tax due June 30. 25 24 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent MARKEY, THOMAS P. 8960 WEST SAMPLE ROAD **B2 CORAL SPRINGS FL 33065** 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida, Such change was authorized by statement for the purpose of changing its register ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.1 TITLE MARKEY, THOMAS P. 1.2 NAME 8960 W SAMPLE RD. STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33065 1.4 CITY-ST-ZIP City-St-7iP Addition DELETE 2.1 TITLE TITLE MARKEY, LINDA 2.2 NAME 8960 W SAMPLE RD. 2 3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE 31 TITLE TITLE MARKEY, ROBERT 3.2 NAME NAME 906 SE 10TH TERR. 3.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Change Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-S1-ZIP

14. I 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 supplicmental arguel 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 of the

SIGNATURE: