SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(5)

SAFEGUARD LOCK AND SAFE CO.

**FILED** Jul 08 1998 8:00am Secretary of State



<u></u>						8	
Principal Plac	e of Business	Mailing Address			4 (504)60 (4)10 (6)101 (9)10 (6)101 (6)101	il nibit diaft bidtt afbit alfit bigtt indt	
230 N. ANDREWS AVENUE 16 NE. 4 ST . 30 N.E. 3RD STREET							
Fort Lauderi Us	DALE FL 33301	P.O. BOX 850 FORT LAUDERDALE FL 33301			DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
03	TONI ENUDENDALE PL 33	3301		3. Date Incorporated or Qualified			
					09/16/1970		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 /10	NE 4 Th Street	26			59-1301453	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22 27						Fee Required	
City & State  City & State  City & State  City & State					6. Election Campaign Financing	\$5.00 May Be	
Zip Country Zip			Country		Trust Fund Contribution L	Added to Fees	
24 333			30		<ol> <li>This corporation owes or has paid to Personal Property Tax due June 30</li> </ol>		
[27]	9. Name and Address of Current		1901		10. Name and Address of New Regis	<u> </u>	
IGI F	SIA, RAY A		81	Name			
230 N. ANDREWS AVENUE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33301		62	Street Address (P.O. Box Nortiber is Not Acceptable)			
			83				
			84	City		85 Zip Code	
			07	Ony		FL   S   Zip Code	
agent. I SIGNATURE	am familiar with, and accept the obligat				required when reinstating)	DATE	
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICE		
TITLE	P	DELETE	1.1 TITLE			Change Addition	
NAME	iguesia, ray a		1.2 NAME				
STREET ADDRESS	1161 NE 178TH TERRACE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	N.M.B. FL 33162		1.4 CITY-ST	ZIP			
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP TITLE			2.4 City-ST 3.1 Title	ZIP			
NAME		L DELETE	3.2 NAME	1		☐ Change ☐ Addition	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME	1		_ <b>,</b>	
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-ST	ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	1			
CITY-ST-ZIP			6.4 CITY-ST	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 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.