

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90053 038 \*\*\*\*150.00

DOCUMENT # F95000001076

1. Corporation Name

SECURITY LOCK DISTRIBUTORS SOUTH, INC.

Principal Place of Business

40 A STREET  
NEEDHAM HEIGHTS MA 02494  
US

Mailing Address

P.O. BOX 815  
NEEDHAM HEIGHTS MA 02494  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

04-3265915

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE DPT ☐ DELETE

NAME SCHWARTZ, SIDNEY  
STREET ADDRESS 40 A STREET P.O. BOX 815  
CITY-ST-ZIP NEEDHAM HEIGHTS MA 02494

TITLE D ☐ DELETE

NAME SCHWARTZ, JEFFREY  
STREET ADDRESS 40 A STREET P.O. BOX 815  
CITY-ST-ZIP NEEDHAM HEIGHTS MA 02494

TITLE D ☐ DELETE

NAME SCHWARTZ, DAVID  
STREET ADDRESS 40 A STREET P.O. BOX 815  
CITY-ST-ZIP NEEDHAM HEIGHTS MA 02494

TITLE D ☐ DELETE

NAME SCHWARTZ, MARC  
STREET ADDRESS 40 A STREET P.O. BOX 815  
CITY-ST-ZIP NEEDHAM HEIGHTS MA 02494

TITLE D ☐ DELETE

NAME SCHWARTZ, HOWARD E  
STREET ADDRESS 40 A STREET P.O. BOX 815  
CITY-ST-ZIP NEEDHAM HEIGHTS MA 02494

TITLE S ☐ DELETE

NAME DAVIS, MICHAEL M  
STREET ADDRESS ONE POST OFFICE SQUARE  
CITY-ST-ZIP BOSTON MA 02109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

781-444-1156

Date

Daytime Phone #

CR2E034 (1/98)