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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G92156 (0)

1. Corporation Name
SUNCOAST SAFE & LOCK, INC.



Principal Place of Business
8019 W HILLSBOROUGH STE D
TAMPA FL 33615

Mailing Address
8019 W HILLSBOROUGH STE D
TAMPA FL 33615-4146

3. Date Incorporated or Qualified 03/20/1984
3a. Date of Last Report 03/26/1996

2. Principal Place of Business
21 5404 Airport Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 5404 Airport Blvd
Suite, Apt. #, etc.

4. FEI Number 36-3221086
Applied For Not Applicable

22 Tampa, FL
City & State

27 Tampa, FL
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 33634 Hillsborough
Zip County

28 33634 Hillsborough
Zip County

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

HIMERT, GLEN W.
8019 W HILLSBOROUGH
STE D
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 5404 AIRPORT BLVD
84 City Tampa FL 85 Zip Code 33634

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIMERT, GLENN W.	
STREET ADDRESS	8019 W HILLSBOROUGH #D	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	VAN HOOSE, LARI L.	
STREET ADDRESS	9217 TUDOR DR. - 209-A	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5404 AIRPORT BLVD.	
1.4 CITY-ST-ZIP	Tampa, FL 33634	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-19-97 Daytime Phone #: 8138823100

CR2E034 (9/96)