

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:29

DOCUMENT # G99647 (1)

1. Corporation Name
PURYEAR, INC

Principal Place of Business Mailing Address
C/O ALBERT DOTSON 17901 S.W. 78TH AVENUE MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/14/1984** 3a. Date of Last Report **08/12/1994**
4. FEI Number **59-2397035** 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 interjurisdictional tax under s. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DOTSON, ALBERT 17901 S.W. 78TH AVENUE MIAMI FL 33157

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 _____ (NOTE: Registered Agent signature required when resigning.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTSON, ALBERT	1.2 NAME	
STREET ADDRESS	17901 S.W. 78TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTSON, EARLENE P.	2.2 NAME	
STREET ADDRESS	17901 S.W. 78TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Albert E. Dotson **6/17/95** **305-238-6400**
DATE: _____ DAYTON THREE

CP2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **H01526** (3)

1. Corporation Name
DALE VILLAGE, INC.
 4901 SW 27th. Court-5001 Hallandale Beach Blvd.

Principal Place of Business Mailing Address
 4901 SW 27TH COURT 4901 SW 27TH COURT
 PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023
 (305) 987-9471

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 4901 SW 27th. Court 2a 5001 Hallandale Beach Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 Pembroke Park, Fl. 33023 2a Pembroke Park, Fl. 33023
 Zip Zip
 24 Broward 29 33023 30 Broward

3. Date Incorporated or Qualified 3a. Date of Last Report
 05/01/1984 04/13/1994
 4. FEI Number Applied For
 59-2412411 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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
~~XXXXXXXXXX~~ CERNY, Danielle, Manager
 4901 SW 27TH COURT
 PEMBROKE PARK FL 33023
 81 Name CERNY, Danielle
 82 Street Address (P.O. Box Number is Not Acceptable) 4901 SW 27th. Court
 83 Pembroke Park, Fl. 33023
 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 *Danielle Cerny* DATE 6/9/95
 Signature of Agent or Director if a new Agent/Manager Agent signature required when reinstating DATE 06/09/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALONDE, IVAN	1 2 NAME	BOURGOIS, Didace
STREET ADDRESS	5131 SW 28TH STREET	1 3 STREET ADDRESS	2560 SW 51st. Terrace
CITY - ST - ZIP	PEMBROKE PARK FL	1 4 CITY - ST - ZIP	Pembroke Park, Fl. 33023
TITLE	V	2 1 TITLE	VICE-PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPOINTE, JEAN PAUL	2 2 NAME	BERTRAND, Jean Marie
STREET ADDRESS	4891 SW 28TH CT.	2 3 STREET ADDRESS	4921 SW 26th. Street
CITY - ST - ZIP	PEMBROKE PARK FL	2 4 CITY - ST - ZIP	Pembroke Park, Fl. 33023
TITLE	S	3 1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNEAU, LIONEL	3 2 NAME	BRUNEAU, Lionel
STREET ADDRESS	5094 SW 28TH ST.	3 3 STREET ADDRESS	5094 SW 28th. Street (SAME)
CITY - ST - ZIP	PEMBROKE PARK FL	3 4 CITY - ST - ZIP	Pembroke Park, Fl. 33023
TITLE	T	4 1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTRAND, J.M.	4 2 NAME	JOANNETTE, Pauline
STREET ADDRESS	4921 SW 28TH ST.	4 3 STREET ADDRESS	4855 SW 25th. Court
CITY - ST - ZIP	PEMBROKE PARK FL	4 4 CITY - ST - ZIP	Pembroke Park, Fl. 33023
TITLE	D	5 1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNINE, RAYMOND	5 2 NAME	RONDEAU, Roger
STREET ADDRESS	4864 SW 28TH ST.	5 3 STREET ADDRESS	5110 SW 26th. Court
CITY - ST - ZIP	PEMBROKE PARK FL	5 4 CITY - ST - ZIP	Pembroke Park, Fl. 33023
TITLE	M	6 1 TITLE	MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUCY, MICHAEL	6 2 NAME	CERNY, Danielle
STREET ADDRESS	7890 FARRAGUT	6 3 STREET ADDRESS	2555 Flamingo Lane
CITY - ST - ZIP	HOLLYWOOD FL	6 4 CITY - ST - ZIP	Fort Lauderdale, Fl. 33312

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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

SIGNATURE: *Danielle Cerny* DATE 6/9/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Danielle Cerny, Agent 06/09/95 (Phone 987-9471)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 29 11:02:21

DOCUMENT # H03572 (5)

1. Corporation Name
BRADENTON LOCK & SECURITY, INC.

Principal Place of Business Mailing Address
**4225 26TH STREET WEST 4225 26TH STREET WEST
BRADENTON FL 34205 BRADENTON FL 34205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1984** 3a. Date of Last Report **06/13/1994**

4. FEI Number **59-2440428** 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**

7. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HARRISON, THOMAS W.
1206 MANATEE AVENUE WEST
BRADENTON FL 34205**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUBBARD, JOHN T.
STREET ADDRESS	4315 CALOOSA DRIVE
CITY ST ZIP	PALMETTO FL
TITLE	VD
NAME	HUBBARD, RICHARD T.
STREET ADDRESS	3222 6TH AVENUE, W.
CITY ST ZIP	PALMETTO FL
TITLE	STD
NAME	HUBBARD, CAROL G
STREET ADDRESS	4316 CALOOSA DRIVE
CITY ST ZIP	PALMETTO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-95 941
879-756-0664
Date Date Time

CR2E034 (3/95)