

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J73038 (8)**  
1. Corporation Name  
**ALL BROWARD LOCKSMITHS, INC.**



Principal Place of Business: **107 S. STATE ROAD 7 PLANTATION FL 33317**  
Mailing Address: **107 S. STATE ROAD 7 PLANTATION FL 33317**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/14/1987</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number <b>59-2803526</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 190.03, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HEALY, DANIEL 6532 SW 8TH COURT N. LAUDERDALE FL 33068</b>				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				84. City	
83.				FL	

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEALY, DANIEL	1.1 TITLE	
NAME	HEALY, DANIEL	1.2 NAME	
STREET ADDRESS	6532 S.W. 8TH COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	HEALY, FRANCES	2.2 NAME	
STREET ADDRESS	6532 S.W. 8TH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel Healy* **8/3/96** **954-792-4860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)