

4-30-98 B5978 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
05/14/1987

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

4. FEI Number: **59-2803526**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HEALY, DANIEL
6532 SW 8TH COURT
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
 81 Name: **HEALY, DANIEL**
 82 Street Address (P.O. Box Number is Not Acceptable): **581 S.E. 5TH CT**
 83
 84 City: **POMPANO BCH.** FL 85 Zip Code: **33060**

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's signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEALY, DANIEL	
STREET ADDRESS	6532 S.W. 8TH COURT	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEALY, FRANCES	
STREET ADDRESS	6532 S.W. 8TH COURT	
CITY-ST-ZIP	N. LAUDERDALE FL	
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	HEALY, DANIEL	
1.3 STREET ADDRESS	581 SE. 5TH CT.	
1.4 CITY-ST-ZIP	POMPANO BCH, FL 33060	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEALY, FRANCES	
2.3 STREET ADDRESS	581 SE. 5TH CT.	
2.4 CITY-ST-ZIP	POMPANO BCH, FL 33060	
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 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.

SIGNATURE *[Signature]* DANIEL M HEALY PRES 4/23/98 954-792-4860

CR2E034 (10/97)