

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

003036

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90062 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000069907

1. Corporation Name  
 A-1 LOCK & TOOL, INC.



Principal Place of Business: 11460 S W 199TH ST MIAMI FL 33157 US-

Mailing Address: P.O. BOX 1668 MIAMI FL 33197-1668 US-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1995

4. FEI Number: 65-0608223

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: 21 9270 SE 144 PLACE Suite, Apt. #, etc. 22

2a. Mailing Address: 26 P.O. Box 1435 Suite, Apt. #, etc. 27

City & State: 23 SUMMERFIELD, FL. Zip: 24 34491 Country: 25 USA

City & State: 28 LADY LAKE, FL. Zip: 29 32158 Country: 30 USA

9. Name and Address of Current Registered Agent  
 VILAR, DEBORAH W  
 11460 S W 199TH ST  
 MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: VILAR, JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable): 9270 SE 144 PLACE

83

84 City: SUMMERFIELD, FL Zip Code: 85 34491

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: *Joseph Vilar* JOSEPH VILAR, PRES. DATE: 4/29/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VILAR, JOSEPH	
STREET ADDRESS	P.O. BOX 1668 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	VILAR, DEBORAH	
STREET ADDRESS	P.O. BOX 1668	
CITY-ST-ZIP	MIAMI 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. BOX 1435
1.4 CITY-ST-ZIP	LADY LAKE, FL. 32158
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. BOX 1435
2.4 CITY-ST-ZIP	LADY LAKE, FL. 32158
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, with all other like empowered.

SIGNATURE: *Deborah Vilar* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: VILAR DATE: 4/29/99 DAYTIME PHONE #: 352-255-4182

CR2E034 (11/98)