

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S55090

1. Corporation Name
STAR LOCK & KEY EMERGENCY LOCKSMITHS, INC.

Principal Place of Business
**3188 NW 72 AVE
 MIAMI FL 33122**

Mailing Address
**3188 NW 72 AVE
 MIAMI FL 33122**

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

**RASSNER, WAYNE H.
 7700 NORTH KENDALL DRIVE
 PLAZA 7000 PENTHOUSE SUITE B
 MIAMI FL 33156**

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 607.0602 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 principal officer

(Note: Registered Agent's name may not be changed.)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [] DELETE

11 TITLE [] Change [] Addition

NAME **DPST URIBE, DAVID**

12 NAME

STREET ADDRESS **12200 SW 117 AVE. #228**

13 STREET ADDRESS

CITY-ST-ZIP **MIAMI FL 33186**

14 CITY-ST-ZIP

TITLE [] DELETE

21 TITLE [] Change [] Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE [] DELETE

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE [] DELETE

41 TITLE [] Change [] Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE [] DELETE

51 TITLE [] Change [] Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE [] DELETE

61 TITLE [] Change [] Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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:

David Uribe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 2 - 99

305 S 95-1143

APPROVED AND FILED

99 MAY 12 PM 3:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1991

4. FEI Number

65-0260277

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 owes the current year Intangible Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

0177892

CR2E034 (11/98)

300002874713--4
 -05/13/99--01118--003
 ****150.00 [] Change [] Addition

David Uribe