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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90018 047 ***163.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # V38968

1. Corporation Name
SECUR-ENTRY INDUSTRIES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5420 N OCEAN DR
805
SINGER ISLAND FL 33404
US

Mailing Address
P.O. BOX 2777
PALM BEACH FL 33480
US

3. Date Incorporated or Qualified
05/27/1992

4. FEI Number
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 City & State

25 Zip

26 Zip

27 Country

28 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CAPUTO, GINO
5420 N OCEAN DR
805
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name **GINO CAPUTO**

82 Street Address (P.O. Box Number is Not Acceptable)
1190 MANOR DR

83

84 City **SINGER ISLAND FL**

85 Zip Code **33404**

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 **Jan. 10/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, GINO	1.2 NAME GINO CAPUTO
STREET ADDRESS	5420 N OCEAN DR	1.3 STREET ADDRESS 1190 MANOR DR
CITY-ST-ZIP	SINGER ISLAND FL	1.4 CITY-ST-ZIP SINGER ISLAND, FL - 33404
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, ROSALBA	2.2 NAME CAPUTO ROSALBA
STREET ADDRESS	5420 N OCEAN DR	2.3 STREET ADDRESS 1190 MANOR DR
CITY-ST-ZIP	SINGER ISLAND FL	2.4 CITY-ST-ZIP SINGER ISLAND, FL 33404
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, MICHAEL	3.2 NAME CAPUTO MICHAEL
STREET ADDRESS	5420 NORTH OCEAN DR #808	3.3 STREET ADDRESS 1190 MANOR DR
CITY-ST-ZIP	SINGER ISLAND FL	3.4 CITY-ST-ZIP SINGER ISLAND, FL 33404
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, CONNIE	4.2 NAME CAPUTO CONNIE
STREET ADDRESS	5420 N OCEAN DR #805	4.3 STREET ADDRESS 1190 MANOR DR
CITY-ST-ZIP	SINGER ISLAND FL 33404	4.4 CITY-ST-ZIP SINGER ISLAND, FL 33404
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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

5. -
 8.75
 150.00
 163.75

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: _____ DATE **Jan 10/99** DAYTIME PHONE # **361 824-2279**

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)