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**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V38968 (6)
1. Corporation Name:
SECUR-ENTRY INDUSTRIES INC.



Principal Place of Business: **5420 N OCEAN DR 805 SINGER ISLAND FL 33404 US**
Mailing Address: **P.O. BOX 2777 PALM BEACH FL 33480-2777 US**

3. Date Incorporated or Qualified: **05/27/1992** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **NOT APPLICABLE** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State. 23 Zip. 24 Country. 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State. 28 Zip. 29 Country. 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1503, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, GINO	1.2 NAME	
STREET ADDRESS	5420 N OCEAN DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, ROSALBA	2.2 NAME	
STREET ADDRESS	5420 N OCEAN DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, MICHAEL	3.2 NAME	
STREET ADDRESS	5420 NORTH OCEAN DR #808	3.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, CONNIE	4.2 NAME	
STREET ADDRESS	185 GLOUCESTER GR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO ON	4.4 CITY - ST - ZIP	
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	

14. I do 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: **ROSALBA CAPUTO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 18/1997 561-844-2279
Date Daytime Phone #

CR2E034 (9/96)