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Feb 25, 1999 8:00 am
Secretary of State

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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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 *[Signature]* DATE **Jan. 10/99**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CAPUTO, GINO	
STREET ADDRESS	5420 N OCEAN DR	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CAPUTO, ROSALBA	
STREET ADDRESS	5420 N OCEAN DR	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPUTO, MICHAEL	
STREET ADDRESS	5420 NORTH OCEAN DR #808	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPUTO, CONNIE	
STREET ADDRESS	5420 N OCEAN DR #805	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GINO CAPUTO	
1.3 STREET ADDRESS	1190 MANOR DR	
1.4 CITY-ST-ZIP	SINGER ISLAND, FL - 33404	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAPUTO ROSALBA	
2.3 STREET ADDRESS	1190 MANOR DR	
2.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAPUTO MICHAEL	
3.3 STREET ADDRESS	1190 MANOR DR	
3.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAPUTO CONNIE	
4.3 STREET ADDRESS	1190 MANOR DR	
4.4 CITY-ST-ZIP	SINGER ISLAND, FL 33404	
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: *[Signature]* DATE **Jan 10/99** DAYTIME PHONE # **561 824-2279**

CR2E034 (11/98)