FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 AM 11:54

DOCUMENT # **219172** **(4)**

1. Corporation Name
SECURITY BONDED WAREHOUSE INC

Principal Place of Business	Mailing Address
~~8600 N.W. 72 AVENUE~~ ~~MIAMI FL 33166~~	~~8600 N.W. 72 AVENUE~~ ~~MIAMI FL 33166~~
8601 N.W. 81 Rd. Suite 4 Medley, FL 33166	8601 N.W. 81 Rd. Suite 4 Medley, FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1959	3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-0964522	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

STRICKROOT, JOHN C.
25 W. FLAGLER ST.
FIFTH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 607.1508, 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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PDT~~	1.1 TITLE	D ☐ Change ☐ Addition
NAME	HAND, DONALD B	1.2 NAME	HAND, DONALD B
STREET ADDRESS	7663 SW 170TH ST	1.3 STREET ADDRESS	8601 NW 81st Rd SUITE 4
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Medley, FL 33166
TITLE	D	2.1 TITLE	VP,D,T ☐ Change ☐ Addition
NAME	HAND, SHARON S.	2.2 NAME	LYONS, WILLIAM K
STREET ADDRESS	8880 NW 20TH STREET, #E	2.3 STREET ADDRESS	8601 NW 81st Rd SUITE 4
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	D	3.1 TITLE	D,Pres. ☐ Change ☐ Addition
NAME	HONEY, ANNE C.	3.2 NAME	HONEY, J. KIMPTON
STREET ADDRESS	8880 NW 20TH STREET, #E	3.3 STREET ADDRESS	8601 NW 81st RD SUITE 4
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	S	4.1 TITLE	Asst. Sec. ☐ Change ☐ Addition
NAME	POMARES, ANGELO C.	4.2 NAME	POMARES, ANGELO
STREET ADDRESS	8880 NW 20TH STREET #E	4.3 STREET ADDRESS	8880 NW 20th ST #E
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL
TITLE		5.1 TITLE	Sec. ☐ Change ☐ Addition
NAME		5.2 NAME	RIVAS, ROSARIO
STREET ADDRESS		5.3 STREET ADDRESS	8601 NW 81st Rd SUITE 4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MEDLEY, FL 33166
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: William K Lyons Vice President 1-31-95 305 888 2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110655 CR