

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 219172 (4)

1. Corporation Name

SECURITY BONDED WAREHOUSE INC



Principal Place of Business

8601 N.W. 81 RD.
SUITE 4
MEDLEY FL 33166
US

Mailing Address

8601 N.W. 81 RD.
SUITE 4
MEDLEY FL 33166
US

3. Date Incorporated or Qualified

01/14/1959

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0864522

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

Change of
Address Only
→

81

Name

STRICKROOT, JOHN C.

82

Street Address (P.O. Box Number is Not Acceptable)

INTERNATIONAL PLACE - 17th FLOOR

83

100 S. E. 2nd STREET

84

City

MIAMI

FL

85

Zip Code

33131

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 typed or printed name of registered agent or officer, if applicable

100% Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAND, DONALD B	
STREET ADDRESS	8601 NW 81ST RD SUITE 4	
CITY-ST-ZIP	MEDLEY FL	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	LYONS, WILLIAM K	
STREET ADDRESS	8601 NW 81ST RD SUITE 4	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HONEY, J. KIMPTON	
STREET ADDRESS	8601 NW 81ST RD SUITE 4	
CITY-ST-ZIP	MEDLEY FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	POMARES, ANGELO	
STREET ADDRESS	8880 NW 20TH ST #E	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIVAS, ROSARIO	
STREET ADDRESS	8601 NW 81ST RD SUITE 4	
CITY-ST-ZIP	MEDLEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	STUART ALTMAN
6.4 CITY-ST-ZIP	INTERNATIONAL PLACE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 1100.7502, 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 V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96
Date

888-2988
Daytime Phone #

CR2E034 (12/95)

3-25-1996