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Mar 04 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 # 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 33166-2144
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/14/1959

3a. Date of Last Report

03/25/1996

4. FEI Number

59-0864522

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

9. Name and Address of Current Registered Agent

STRICKROOT, JOHN C.
INTERNATIONAL PLACE-17TH FLOOR
100 S.E. 2ND STREET
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HAND, DONALD B
STREET ADDRESS 8601 NW 81ST RD SUITE 4
CITY-ST-ZIP MEDLEY FL

TITLE VPDT ☐ DELETE
NAME LYONS, WILLIAM K
STREET ADDRESS 8601 NW 81ST RD SUITE 4
CITY-ST-ZIP MEDLEY FL

TITLE DP ☐ DELETE
NAME HONEY, J. KIMPTON
STREET ADDRESS 8601 NW 81ST RD SUITE 4
CITY-ST-ZIP MEDLEY FL

TITLE AS ☒ DELETE
NAME POMARES, ANGELO
STREET ADDRESS 8880 NW 20TH ST #E
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME RIVAS, ROSARIO
STREET ADDRESS 8601 NW 81ST RD SUITE 4
CITY-ST-ZIP MEDLEY FL

TITLE AS ☐ DELETE
NAME ALTMAN, STUART
STREET ADDRESS INTERNATIONAL PLACE 100 S.E. 2ND ST.
CITY-ST-ZIP MIAMI FL 33131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

William K Lyons Vice President

2-28-97 305-888-2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)