

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1959

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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 607.1108, 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 fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	S	<input checked="" type="checkbox"/> DELETE
NAME	RIVAS, ROSARIO	
STREET ADDRESS	8601 NW 81ST RD SUITE 4	
CITY-ST-ZIP	MEDLEY FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ALTMAN, STUART	
STREET ADDRESS	INTERNATIONAL PLACE 100 S.E. 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
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 checked="" type="checkbox"/> Addition
4.2 NAME	S Jean Candell
4.3 STREET ADDRESS	8601 NW 81st Rd Suite 4
4.4 CITY-ST-ZIP	Medley FL
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.

SIGNATURE:

William K Lyons Vice President

2-9-98

305-888-2988

CR2E034 (10/97)