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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626347

(9)

AMERICAN LOCKSMITH, INC.

Principal Place	of Business	Mailing Address	Mailing Address 2854 E. STIRLING RD. HOLLYWOOD FL 33020-1125			1 11 5 11 5 11 11 11 11 11 11 11 11 11 1	*************	********	1011 1001	
2854 E. STIRLIN HOLLYWOOD FI										
						3. Date Incorporated or Qualified 06/18/1979	3a. Date of 01/26/11		port	
2. Principal Pla	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Apr	olied For	
21	**************************************	26				59-1916501			Applicable	
Suite, Apt_#, etc====================================		······1	Suite, Apt. #. etc.			5. Certificate of Status Desired Fee Required				
City & State	```	City & State				6. Election Campaign Financing		5.00		
23	•	28				Trust Fund Contribution		dded to		
Zip				Country	,	8. This corporation has liability for intangible tax under s. 199.032,				
24	25					Florida Statutes Yes No				
	9, Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Agent	1		
	y, traina			81	Name					
	GRANT ST.			82	Street Ac	Idress (P.O. Box Number is Not Acceptate	ile)			
HOL	LYW000 FL 33021			-						
				83						
				84	City		FL 85	Zip C	ode	
44 Durament	to the premisions of Costons 697	05.02 and 607 1508 Flor	ida Statutos	the abou	o named co	orporation submits this statement for the p	T	aina its	registered	
office or re	egistered agent or both, in the S m familiar with land accept the ol	tate of Florida. Such cha	nge was aut	thorized b	v the corpo	ration's board of directors. I hereby acce	ot the appointm	ent as r	registered	
SIGNATURE	Signature hyped or partiest name of registerer	thought one fits at unertreatile	(NC)1E- E	Sanistared Am	an ex rennia Inc	quired when reinstating)	DATE			
12.		AND DIRECTORS	(WOTE 1	13,	on signature re	ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12	
THUE	PST DELETE		DELETE	1.1 TITLE				hange	Addition	
NAME	TROY, TRAINA			1.2 NAME						
STREET ADDRESS	4309 GRANT ST.			1 3 STREE	1 ADDRESS					
CITY - ST - ZIP	HOLLYWOOD FL			14 CITY-1	ST-ZIP					
TITLE			DELETE	2 1 TITLE				Change	Addition	
NAME				22 NAME						
STREET ADDRESS				2 3 STREE	T ADDRESS					
CITY - \$1 - 71P		····		2 4 City-	ST-ZIP					
Till({			DELETE	3 1 TITLE			₩ 0	hange	Addition	
NAMÉ				3 2 NAME						
STREET ADDRESS					T ADDRESS					
City+S1-ZiP			DELETE	34 CHY-	ST-ZIP			hange	Addition	
TELE		٠, ١	JEC ETE	4.1 TITLE 4. 2 NAME				- culfe	- Addition	
NAME				II.	T ADDRESS					
STREET ACORESS				4.4 CITY-						
CITY - ST - ZIP TITLE			DELETE	5.1 TITLE	51-ZIP			hange	Addition	
NAME				5.2 NAME				•		
STREET ADORESS					T ADDRESS					
CHTY-ST-ZIF				54 CITY-						
TITLE			DELETE	61 TITLE				hange	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6 3 STAEE	T ADDRESS					
CITY - ST - ZIF				6.4 CITY						
informatio Fam an o	on indicated on this annual report	or supplemental annual or the receiver or trust	report is tru ee empower	e and acc red to exe	urate and t	ited in Section 119.07(3)(i), Florida Statute hat my signature shall have the same leg- port as required by Chapter 607, Florida	al effect as if ma	ade unc	der oath; that	