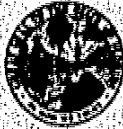


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 APR 11 PM 9:37

DOCUMENT # 632397

(6)

1. Corporation Name

MCKINLEY'S LOCKSMITHS, INC.

Principal Place of Business

1463 BANKS ROAD
MARGATE FL 33063

Mailing Address

1463 BANKS ROAD
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1979

3a. Date of Last Report
03/10/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1924627

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLSTEIN, MCKINLEY
5000 BAYBERRY LN.
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

BRUCE E. HANDE

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

1463 BANKS ROAD

83 MARGATE, FL. 33063

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 this appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Bruce E. Hande* BRUCE E. HANDE

3/19/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLSTEIN, MCKINLEY
STREET ADDRESS	5000 BAYBERRY LN.
CITY-ST-ZIP	TAMARAC FL
TITLE	V
NAME	FOURACRE, MAURICE H.
STREET ADDRESS	2706 LAKEWOOD CIR.
CITY-ST-ZIP	MARGATE FL
TITLE	S
NAME	HOLSTEIN, LINDA F.
STREET ADDRESS	5000 BAYBERRY LN.
CITY-ST-ZIP	TAMARAC FL
TITLE	T
NAME	FARRELL, MARY H.
STREET ADDRESS	2800 NW 84TH AVENUE
CITY-ST-ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	BRUCE E. HANDE	
1.3 STREET ADDRESS	7587 LONDON LANE	
1.4 CITY-ST-ZIP	Boca Raton, FL. 33433	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	FRED HALBSTEIN	
2.3 STREET ADDRESS	10701 SANTA LAYNA DR	
2.4 CITY-ST-ZIP	Boca Raton FL 33428	
3.1 TITLE	SECT	☐ Change ☐ Addition
3.2 NAME	FRED HALBSTEIN	
3.3 STREET ADDRESS	10701 SANTA LAYNA DR	
3.4 CITY-ST-ZIP	Boca Raton FL 33428	
4.1 TITLE	TES	☒ Change ☐ Addition
4.2 NAME	FRED HALBSTEIN	
4.3 STREET ADDRESS	10701 SANTA LAYNA DR	
4.4 CITY-ST-ZIP	Boca Raton FL 33428	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bruce E. Hande* BRUCE E. HANDE

3/19/95 (805) 71-4605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number