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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 639905 (9)

1. Corporation Name
SOUTHERN LATCH MANUFACTURERS, INC.



Principal Place of Business Mailing Address
6100 US 1 N POB 3126 6100 US 1 N POB 3126
PO BOX 3126 PO BOX 3126
ST AUGUSTINE FL 32085 ST AUGUSTINE FL 32085-3126

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 30

3. Date Incorporated or Qualified 10/17/1979 3a. Date of Last Report 04/22/1996
4. FEI Number 59-1976661 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 10. Name and Address of New Registered Agent
COX, RUDY 81 Name
US #1 TOLOMATO IND PARK 82 Street Address (P.O. Box Number is Not Acceptable)
ST AUGUSTINE, FL 83
32084 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 of agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COX, RANDALL J			1.2 NAME			
STREET ADDRESS	245 ESTRADA AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COX, RUDY			2.2 NAME			
STREET ADDRESS	2870 LEWIS SPEEDWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COX, MICHAEL R			3.2 NAME			
STREET ADDRESS	2870 LEWIS SPEEDWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COX, SALLY			4.2 NAME			
STREET ADDRESS	2870 LEWIS SPEEDWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 00000			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Sally Cox STD 4-2-97 904-824-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)