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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

2180 WILTON DR. WILTON MANORS FL 33305



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 677729

2180 WILTON DR. WILTON MANORS FL 33305-2107

Mailing Address

ABOUT TOWN LOCK AND SAFE CO.

(6)

FILED									
Feb 14 1997 8:00am									
Secretary of State									



						3. Date Incorporated or Qualified 07/07/1980		ate of Last R 19/1996	eport		
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For		
21		26				59-2004280		No	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State City & State						6. Election Campaign Financing		\$5.00	May Be		
23		28	28			Trust Fund Contribution			to Fees		
Zip	Country	Zip	Countr	У		8. This corporation has liability for it			. 199.032		
24	25 9. Name and Address of C	29	30					No			
EI A	· · · · · · · · · · · · · · · · · · ·	urrent registered Agent	81	Nar	no.	10. Name and Address of New Rec	jistereo /	Agent			
FLAHERTY, JOSEPH T.					V Manio						
805 N.E. 29 DRIVE WILTON MANORS FL 33334					82 Street Address (P.O. Box Number is Not Acceptable)						
WIL	IUN MANUNO FL 33334		83	00							
-			63	1							
•			84	City	Í		FL	85 Zip (Code		
11. Pursuant	to the provisions of Sections 60	7,0502 and 607,1508, Florida Statu	ites, the abov	/e-narr	ed corpo	ration submits this statement for the pi	urnosa of	changing it	s registered		
office or i	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such change was obligations of, Section 607,0505, F	authorized b Iorida Statute	y the d	corporatio	on's board of directors. I hereby accep	t the app	ointment as	registered		
SIGNATURE											
12.	Signature typed or printed name of registe OFFICER	S AND DIRECTORS	13.	lent signi	ature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIRECTOR	C IN 12		
TITLE	PST	DELETE	1.1 TITLE		· · · · ·	ADDITIONS/CHANGES TO OFFICE	ENO AND	Change	Addition		
NAME	FLAHERTY, JOSEPH T.	had February	1.2 NAME					E Ondrigo	L. Hodinon		
STREET ADDRESS	805 N.E. 29 DRIVE		1.3 STREE		r.						
CITY-ST-ZIP	WILTON MANORS FL		1.4 GITY-:		33	·					
TITLE	D	☐ DELETE	2.1 TITLE	91-71r			······································	Change	Addition		
NAME	FLAHERTY, VIRGINIA J.		2.2 NAME			•		City Olivingo			
STREET ADDRESS	805 N.E. 29TH DRIVE		2.3 STREE		22	***					
CITY-ST-ZIP	WILTON MANORS FL		2 4 CITY-		-			•			
TITLE		DELETE	3.1 TITLE	O, L.				Change	Addition		
NAME			3.2 NAME			•					
STREET ADDRESS			3.3 STAEE	T ADDRE	ss						
City-St-Zip			3.4. CITY-								
TITLE		☐ DÉLETE	4.1 TITLE	-: -7		· · · · · · · · · · · · · · · · · · ·		Change	Addition		
NAME			4. 2 NAME		1			-	****		
STREET ADDRESS			4.9 STREE	T ADDRES	ss						
CHY-ST-ZIP	,		4.4 CITY-5	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition		
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	T ADDRE	ss						
CITY - ST - ZIP			5.4 CITY-1								
TITLE		DELETE	6.1 TITLE					Change	Addition		
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	T ADDRES	ss						
CITY-ST-ZIP			6.4 CITY-5								
14. I do herel	by certify that the information sur	pplied with this filing does not qual	ify for the exe	emotio	n stated i	n Section 119.07(3)(i), Florida Statutes	. I further	certify that	the		
l am an o	fficer or director of the corporati	ion or the receiver or trustee empoy	wered to exec	urate a cute th	and that n is report :	ny signature shall have the same legal as required by Chapter 607, Florida St	effect as atutes: ar	if made und nd that my r	der oath; that		
appears i	in Block 12 or Block 13 if change	ed, or on an attachment with an ad	ldress			January of Arreland and College Of			2.4.27		