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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

FILED Mar 12 1998 8:00am Secretary of State

ABOUT	TOWN L	OCK AND SAFE (CO.									
Principal Plac	e of Busines	6\$	Ma	iling Address				_	1 FOR 110 BILLS 1001) FEB11 10010 11010 1011	AHBU URDR	AIDH BIÐII ÐIÐ	III QFDII IDDI
2180 WILTON DR.				2180 WILTON DR.								
WILTON MANORS FL 33305				WILTON MANORS FL 33305								
									DO NOT WRITE IN THIS SPACE			
								3.	Date Incorporated or Qualified			
2. Principal Place of Business				2a. Mailing Address				4.	07/07/1980		- 1.	
			h 1					4.	FEI Number			pplied For
Suite, Apt. #, etc.			26]	Suite, Apt. #, etc.					59-2004280			lot Applicable
22			اما	27				5.	. Certificate of Status Desired			Additional lequired
City & State				City & State				+-	, Election Campaign Financing			
23			28	28			6.	Trust Fund Contribution			May Be to Fees	
Zip	Zip Country		1201	7)p Cou			· · · · · · · · · · · · · · · · · · ·	This corporation owes or has paid the current year Intangible				
24		25	29	•	30			P.	Personal Property Tax due June			No No
- <u></u> 1	9. Name	and Address of Curre		lered Ageni	1001	T		10.	, Name and Address of New Reg			
FLA	AHERTY, J	OSEPH T.		81			Name			-		
805 N.E. 29 DRIVE							A		5 6 F			
WILTON MANORS FL 33334					82	Street Addi	ress (F	P.O. Box Number is Not Acceptabl	le)			
						83			71.'			
							<u>-</u>					
						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 register 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											its registered s registered	
	Signature typica	for purited name of rage fered age					nt signature requi			DATE		
12.	PST	OLLICERS AN	DDIRE	DELETE	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		
i		RTY, JOSEPH T.		L DELETE	1.17				•		L Change	Addition
NAME	ASE NE AS DONE					1.2 NAME						
1474 TOLL 144		I MANORS FL				1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	D	MANONO FL	· · · · - · - · - ·	DELFTE		ITY-S	T-ZIP				TTObassa	1 4 4 4 1 4 4
NAME	_	RTY, VIRGINIA J.		ELL DELLE	2.1 7						☐ Change	Addition
		. 29TH DRIVE				IAME						
STREET ADORESS		I MANORS FL			1		ADDRESS					
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						NAME						
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STREET ADDRESS							ADDRESS					
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				וווווט ניין	6.1 T						Change	Addition
NAME					6.2 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	Cerbly that th	no information supplied u	ith thie fo	ling done not qualify (ampt		Saction	on 119 07(3\fi) Florida Statutos 1 f	urther	with that the	information

received very married moments supplied with this limit 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 is experiented 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 this 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 or an attachment with an address.

SIGNATURE: