## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F46114

**(7)** 

A. ACCURATE ATLANTIC SAFE AND LOCK, INC.

## FILED Sep 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 447 S. CYPRESS RD. 447 S. CYPRESS RD. **POMPANO BCH FL 33060-7135** POMPANO BCH FL 33060-7135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1981 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-2140901 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 D'ONOFRIO, FRANK 447 S CYPRESS RD 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 R4 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agoni and tale if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (4/97) PSTD Change DELETE TITLE 1.1 TITLE D'ONOFRIO, FRANK NAME 1.2 NAME 447 S CYPRESS RD 1.3 STHEET ADDRESS STREET ADDRESS POMPANO BCH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Ac'dition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELFTE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 WILE Change ■ Addition 4. 2 AME NAME STREET ADDRESS 4.3 REET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE noilit bA TITLE 6.1 THILE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP CITY-ST-ZIP

14. I do heroby 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 eath; 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.

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CD INTERNATIONAL APPLICATION