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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra G. Worthington**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001076 (7)**

1. Corporation Name

**SECURITY LOCK DISTRIBUTORS SOUTH, INC.**



Principal Place of Business

Mailing Address

**59 WEXFORD STREET  
NEEDHAM HEIGHTS MA 02194**

**59 WEXFORD STREET  
NEEDHAM HEIGHTS MA 02194-2025**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**03/07/1995**

**03/18/1996**

4. FEI Number

Applied For

**04-3265915**

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

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

81 Name

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

83

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: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, SIDNEY	
STREET ADDRESS	59 WEXFORD STREET	
CITY-ST-ZIP	NEEDHAM HEIGHTS MA 02194	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, JEFFREY	
STREET ADDRESS	59 WEXFORD STREET	
CITY-ST-ZIP	NEEDHAM HEIGHTS MA 02194	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, DAVID	
STREET ADDRESS	59 WEXFORD STREET	
CITY-ST-ZIP	NEEDHAM HEIGHTS MA 02194	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MARC	
STREET ADDRESS	59 WEXFORD STREET	
CITY-ST-ZIP	NEEDHAM HEIGHTS MA 02194	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, HOWARD E	
STREET ADDRESS	59 WEXFORD STREET	
CITY-ST-ZIP	NEEDHAM HEIGHTS MA 02194	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, MICHAEL M	
STREET ADDRESS	ONE POST OFFICE SQUARE	
CITY-ST-ZIP	BOSTON MA 02109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

617-444-1155  
X220

CR2E034 (9/96)