

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001076 (7)

1. Corporation Name  
SECURITY LOCK DISTRIBUTORS SOUTH, INC.



Principal Place of Business 59 WEXFORD STREET NEEDHAM HEIGHTS MA 02194	Mailing Address 59 WEXFORD STREET NEEDHAM HEIGHTS MA 02194
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 40 A St. Suite, Apt. #, etc. 22 City & State 23 Needham Hts Mass Zip 24 02494 Country 25 USA		2a. Mailing Address 26 P.O. Box 815 Suite, Apt. #, etc. 27 City & State 28 Needham Hts, Mass. Zip 29 02494 Country 30 USA		3. Date Incorporated or Qualified 03/07/1995	
4. FEI Number 04-3265915		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SIDNEY	1.2 NAME	
STREET ADDRESS	59 WEXFORD STREET	1.3 STREET ADDRESS	40 A St - P.O. Box 815
CITY-STATE-ZIP	NEEDHAM HEIGHTS MA 02194	1.4 CITY-STATE-ZIP	Needham Hts; MA-02494
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JEFFREY	2.2 NAME	
STREET ADDRESS	59 WEXFORD STREET	2.3 STREET ADDRESS	40 A St. - P.O. Box 815
CITY-STATE-ZIP	NEEDHAM HEIGHTS MA 02194	2.4 CITY-STATE-ZIP	Needham Hts; MA-02494
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DAVID	3.2 NAME	
STREET ADDRESS	59 WEXFORD STREET	3.3 STREET ADDRESS	40 A St. - P.O. Box 815
CITY-STATE-ZIP	NEEDHAM HEIGHTS MA 02194	3.4 CITY-STATE-ZIP	Needham Hts; MA-02494
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MARC	4.2 NAME	
STREET ADDRESS	59 WEXFORD STREET	4.3 STREET ADDRESS	40 A St. - P.O. Box 815
CITY-STATE-ZIP	NEEDHAM HEIGHTS MA 02194	4.4 CITY-STATE-ZIP	Needham Hts; MA-02494
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, HOWARD E	5.2 NAME	
STREET ADDRESS	59 WEXFORD STREET	5.3 STREET ADDRESS	40 A St. - P.O. Box 815
CITY-STATE-ZIP	NEEDHAM HEIGHTS MA 02194	5.4 CITY-STATE-ZIP	Needham Hts; MA-02494
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL M	6.2 NAME	
STREET ADDRESS	ONE POST OFFICE SQUARE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BOSTON MA 02109	6.4 CITY-STATE-ZIP	

14. I 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:  Sidney Schwartz 7/13/98 781-444-1155 x220

CR2E034 (5/98)