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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003518 (6)

1. Corporation Name:

CARDKEY SYSTEMS, INC.

Principal Place of Business

Mailing Address

1757 TAPO CANYON RD
SIMI VALLEY CA 93063
US

1957 TAPO CANYON RD
SIMI VALLEY CA 93063
US



2. Principal Place of Business		2a. Mailing Address	
21	1757 TAPO CANYON RD	26	1757 TAPO CANYON RD
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	SIMI VALLEY, CA	28	SIMI VALLEY, CA
Zip	Country	Zip	Country
24	93063	29	US
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1995	03/25/1996
4. FEI Number	Applied For
77-0405047	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2525

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 date (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOESSNER, RONALD A	1.2 NAME	
STREET ADDRESS	17304 PRESTON ROAD, E-100	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	AT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, STEVE M	2.2 NAME	
STREET ADDRESS	17304 PRESTON ROAD, E-100	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JANICE E	3.2 NAME	
STREET ADDRESS	17304 PRESTON ROAD, E-100	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75252	3.4 CITY-ST-ZIP	
TITLE	PCEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLPERT, MICHAEL H	4.2 NAME	
STREET ADDRESS	1757 TAPO CANYON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SIMI VALLEY CA 93063	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKEN, JOHN	5.2 NAME	
STREET ADDRESS	1757 TAPO CANYON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SIMI VALLEY CA 93063	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROZOWSKI, MARY ANN	6.2 NAME	
STREET ADDRESS	1757 TAPO CANYON RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SIMI VALLEY CA 93063	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

3/7/97

Date

(805) 522-5555

Daytime Phone #

CR2E034 (9/96)