

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.)

FILED  
 Aug 27 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F95000005313 (0)**  
 1. Corporation Name  
**AMERICAN LOCK & SUPPLY, INC.**



Principal Place of Business <del>4428 SW 36 ST - ORLANDO FL 32811</del>	Mailing Address <del>4428 SW 36 ST - ORLANDO FL 32811</del> 4411 E. LA PALMA AVE - ANAHEIM, CA 92807
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/31/1995</b>	3a. Date of Last Report <b>03/30/1996</b>
4. FEI Number <b>95-2586981</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>4411 E. LA PALMA AVE -</b>	2a. Mailing Address 26 <b>4411 E. LA PALMA AVE -</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>ANAHEIM, CA</b>	City & State 28 <b>ANAHEIM, CA</b>
Zip 24 <b>92807</b>	Country 25 <b>USA</b>
Country 25 <b>USA</b>	Zip 29 <b>92807</b>
Country 30 <b>USA</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**NIX, WILLIAM**  
**4428 SW 36 ST**  
**ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE FORREST, SEAN</b>	
STREET ADDRESS	<b>4411 E LA PALMA</b>	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>POWER, WILLIAM</b>	
STREET ADDRESS	<b>4411 E LA PALMA</b>	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, MICHAEL F</b>	
STREET ADDRESS	<b>4411 E LA PALMA</b>	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, DOUG</b>	
STREET ADDRESS	<b>4411 E LA PALMA</b>	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE FORREST, IDA</b>	
STREET ADDRESS	<b>4411 E LA PALMA</b>	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZAEFFEL, JOHN</b>	
STREET ADDRESS	<b>4411 E LA PALMA</b>	
CITY-ST-ZIP	<b>ANAHEIM CA</b>	

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 in an attachment with an address.

SIGNATURE *Sandra B. Mortham*

5-22-97 800-844-8544

CR2E034 (4/97)