FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 25 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G-73544

1. Corporation Name
Cosmos Developers, Inc.

Principal Place of Business	Mailing Address
7001 S.W. 97 Ave Miami, FL 33173	P.O. Box 143551 Coral Gables,FL 33114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7001 S.W. 97 Avenue	26 P.O. Box 143551
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Miami, FL	City & State 28 Coral Gables, FL
Zip 24 33173 Country 25 Dade	Zip 29 33114 Country 30 Dade

3. Date Incorporated or Qualified: 12/09/83
3a. Date of Last Report: 6/1994
4. FEI Number: 59-2372898 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

P/D
Dennis, Wayne E,
6090 S.W. 40th Street
Miami, FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7001 S.W. 97 Ave.
83
84 City Miami, FL 85 Zip Code 33173

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 Wayne E. Dennis
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	P/D
NAME	Dennis, Wayne E.
STREET ADDRESS	6090 SW 40 St.
CITY ST ZIP	~~Miami, FL~~
TITLE	~~V~~
NAME	~~Bartlett, Sherry~~
STREET ADDRESS	~~6090 SW 40 St.~~
CITY ST ZIP	~~Miami, FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	7001 S.W. 97 AVE.	
1.4 CITY ST ZIP	Miami, FL 33173	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Dennis, Wayne E.	
2.3 STREET ADDRESS	7001 S.W. 97 Ave	
2.4 CITY ST ZIP	Miami, FL 33173	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	000001547810	
3.3 STREET ADDRESS	-07/27/95--01088--007	
3.4 CITY ST ZIP	****225.00 ****225.00	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	7/25/95 MS	
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Wayne E. Dennis 7-18-95 305-661-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DIVISION OF CORPORATIONS

95 JUL 24 AM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001545093
-07/25/95--01053--021
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # G86035

1. Corporation Name: A - ACCURATE LOCK, INC.

Principal Place of Business: 13773 N Hwy 475, Oxford, FlA. 34484
Mailing Address: SAME ←

3. Date Incorporated or Qualified: February 15, 1984
3a. Date of Last Report: 1994
4. FEI Number: 59-2381660 — Applied For / Not Applicable

2. Principal Place of Business
21: 13773 N. CR 475
22 Suite, Apt #, etc:
23 City & State: OXFORD, FL
24 Zip: 34484
25 Country: Sumter

2a. Mailing Address
26: 13773 N. CR 475
27 Suite, Apt #, etc:
28 City & State: OXFORD, FL
29 Zip: 34484
30 Country: Sumter

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

9. Name and Address of Current Registered Agent

Shirley S. Posey
13773 N. CR 475
OXFORD, FL 34484

10. Name and Address of New Registered Agent

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: *Shirley S. Posey* Shirley S. Posey V. Pres/Secretary 07/16/95
(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	PRESIDENT/TREASURER
NAME	LONNIE J. POSEY
STREET ADDRESS	13773 N. CR 475
CITY ST ZIP	OXFORD, FL 34484
TITLE	VICE-PRESIDENT/SECRETARY
NAME	Shirley S. Posey
STREET ADDRESS	13773 N. CR 475
CITY ST ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Shirley S. Posey* Shirley S. Posey 07/16/95 904-748-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #