FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1006

	1990	S BIGGIOTO C]	
DOCUN 1. Corporation		31 (8)			
LOCK	CYLINDER SYSTEMS INC.				
Principal Place of	of Business	Mailing Address			01
	NE D BARNES	C/O DARLENE D BARI	NES		
301 N. 67TH	ł AVE.	301 N. 67TH AVE.			
HOLLYWOOI	D FL 33024	HOLLYWOOD FL 33024		3. Date Incorporated or Qualified	3a. Date of Last Report
				07/06/1984	03/06/1995
2. Principal Place of Business 2a. 26		2a. Mailing Address		4. FEI Number 59-2434524	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate di Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	28 Zip	Country	This corporation has liability for it	
24	25	29	30	Florida Statutes	No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New R	
				Barnes, Bryan	
SANNE 301 N	67TH AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptab	"IT St
HOLLYWOOD FL 33024			83		
			84 City	1 1/ A	85 Zip Code
·	40	1007 1500 51 11 001	Te	ubroke Pines,	FL 33023
or registers	ad agent, or both, in the State of Flori	ta. Such chance was authorized	i, the above hamed corpo d by the corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes.		٠,	14/91
SIGNATURE _	Signature, Wied or printed name of registered agent	and the Lappinable (NOT)	: Ragisteren Agent signature regen-		ODATH -46
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change
TITLE NAME	DPT Barnes, Darlene	DECEIE	1. 1 TiTLE 1.2 NAME	Barnes, Bryan	Change Natition
STREET ADDRESS	301 N. 67TH AVE.		1.3 STREET ADDRESS	7181 S.W. 11th St	} •
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP	Pembroke Pines	FL 33003
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP		FIDULII	3 4 CITY - ST - ZIP		Change C Addition
THILE		☐ DELETE	4. 1 TITLE 4.2 NAME		Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C:TY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		- June 10	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		ATION FILES DE LA COMPANIE DE LA COM
certify that	the information indicated on this ann	ual report or supplemental annu	al report is true and accur	for the exemption stated in Section 119 ate and that my signature shall have the	same legal effect as if made under
Asth: that	I am an officer or director of the corporal Block 12 or Block 13 if changed, or	rration or the receiver or trustee	eappowered to execute to	nis report as required by Chapter 607, Fl	lorida Statutes; and that my name

By Bayer Signay URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #