

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H72755** (2)

1. Corporation Name

**ARO LOCK & KEY, INC.**



Principal Place of Business

**6230 GRAND BLVD.  
NEW PORT RICHEY FL 34652**

Mailing Address

**6230 GRAND BLVD.  
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified  
**08/23/1985**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

21 **5447 Crafts Street**

Suite, Apt. #, etc.

2a. Mailing Address

26 **5447 Crafts Street**

Suite, Apt. #, etc.

4. FEI Number

**59-2586369**

Applied For

Not Applicable

22 City & State

23 **New Port Richey, FL**

27 City & State

28 **New Port Richey, FL**

24 Zip

**34652**

25 Country

**USA**

29 Zip

**34652**

30 Country

**USA**

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

**RITZ, NORMAN T.  
6230 GRAND BOULEVARD  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5447 Crafts Street**

83

84 City

**New Port Richey,**

**FL**

85 Zip Code  
**34652**

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, on 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/26/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**RITZ, NORMAN T.**  
STREET ADDRESS  
**6316 DIAMOND DR.**  
CITY-ST-ZIP  
**NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME  
**RITZ, DIANNE**  
STREET ADDRESS  
**6316 DIAMOND DR.**  
CITY-ST-ZIP  
**NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME  
**RITZ, DIANNE**  
STREET ADDRESS  
**6316 DIAMOND DR.**  
CITY-ST-ZIP  
**NEW PORT RICHEY FL**

TITLE ☐ DELETE

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CITY-ST-ZIP  
**NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME  
**RITZ, DIANNE**  
STREET ADDRESS  
**6316 DIAMOND DR.**  
CITY-ST-ZIP  
**NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**600001748456**  
**-03/19/96--01024--015**  
**\*\*\*200.00**

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)(k), 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

**Norman T. Ritz, P/D**

**(813) 849-1812**

Date

Daytime Phone #

CR2E034 (12/95)