

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 26 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 #
1. Corporation Name **Buyloc Locksmiths INC.**
J25816

Principal Place of Business Mailing Address
10034 SPANISH ISLES Blvd.
BOCA RATON, FL. 33498

| | |
|---------------------------------------------------------------------|-----------------------------------------------------------|
| 2. Principal Place of Business 21 10034 SPANISH ISLE Blvd | 2a. Mailing Address 26 10034 SPANISH ISLES BLVD |
| Suite, Apt. #, etc. 22 C-29 | Suite, Apt. #, etc. 27 C-29 |
| City & State 23 BOCA RATON, FL | City & State 28 BOCA RATON, FL |
| Zip 24 33498 | Zip 29 33498 |
| Country 25 FLA BEACH | Country 30 FLA BEACH |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 3. Date Incorporated or Qualified 1986 | 3a. Date of Last Report 5/1996 |
| 4. FEI Number 59-2706510 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 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

| |
|-------------------------------------------------------------------------------------|
| 81 Name YVONNE UNGAR |
| 82 Street Address (P.O. Box Number is Not Acceptable) 21431 MILLBROOK CT. |
| 83 |
| 84 City BOCA RATON |
| 85 Zip Code FL 33498 |

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 **Yvonne Ungar** **Yvonne UNGAR** **7/1/97**
Signature typed or printed name of registered agent and title if any (none) (NO L. Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. BERNARD UNGAR <input type="checkbox"/> DELETE 21431 MILLBROOK CT. BOCA RATON, FL. 33498 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECTY/TRES. YVONNE UNGAR <input type="checkbox"/> DELETE 21431 MILLBROOK CT. BOCA RATON, FL. 33498 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100002279401 -08/28/97--01025--009 ***550.00 |
| 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition PE 826 |

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: **Yvonne Ungar** **Yvonne UNGAR/secty. tres.** **7/25/96**
Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR02034 (9/96)