

<b>DOCUMENT # J36583</b>					
1. Entity Name <b>ARROW LOCKSMITHS, INC.</b>					
Principal Place of Business 848 NORTH FED HWY POMPANO BEACH FL 33062			Mailing Address 848 NORTH FED HWY POMPANO BEACH FL 33062		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
<b>CAPITAL ACCOUNTING 400 N. STATE ROAD 7 POMPANO BEACH FL 33063</b>					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or register					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>		
<b>11. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, STANFORD L. <input type="checkbox"/> Delete 848 NO FED HWY POMPANO BEACH FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, STANFORD L. <input type="checkbox"/> Delete 848 NO FED HWY POMPANO BEACH FL				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.1 of the Florida Statutes, Chapter 601, which provides that the information shall have the effect of a public record if it is not exempted from public release under the provisions of Chapter 601, Florida Statutes, or if it is not exempted from public release under the provisions of Chapter 601, Florida Statutes, or if it is not exempted from public release under the provisions of Chapter 601, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

changed, or on an attachment with an address, with another life empowered.

**SIGNATURE:** Stanford Smith STANFORD SMITH 4/17/00 954-942-0793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)