

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra P. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 16 1997 8:00am  
Secretary of State

DOCUMENT # LD1153

1. Corporation Name

SAF T LOK INCORPORATED

Principal Place of Business

Mailing Address

18245 SE FEDERAL HWY  
TEQUESTA FLA 33469

SAME

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

JULY 18, 1996

MAY 1996

4. FEI Number

Applied For

65-0143466

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

10. Name and Address of New Registered Agent

81 Name

FRANKLIN WILLIAM BROOKS

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

18245 SE FEDERAL HWY

83

84 City TEQUESTA

FL

85 Zip Code 33469

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CHAIRMAN

5-12-97

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/CEO ☒ DELETE  
NAME ROBERT L. GILBERT III  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CHAIRMAN ☐ DELETE  
NAME FRANKLIN WILLIAM BROOKS  
STREET ADDRESS 7689 SE RIVERSIDE DR, JUPITER  
CITY-ST-ZIP FLA 33458

TITLE DIRECTOR/VICE PRES ☐ DELETE  
NAME WILLIAM SCHMIDT  
STREET ADDRESS 5275 SWEETBRIAR TERRACE  
CITY-ST-ZIP HOBE SOUND FLA, 33455

TITLE DIRECTOR ☐ DELETE  
NAME EUGENE HORANOFF  
STREET ADDRESS 322 NATCHEZ CT.  
CITY-ST-ZIP JUPITER FLA 33477

TITLE DIRECTOR/SECRETARY/TREAS ☐ DELETE  
NAME JEFF BROOKS  
STREET ADDRESS 1155 LAKE SHORE DRIVE  
CITY-ST-ZIP LAKE PARK FLA 33403

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT/CEO/DIRECTOR ☐ Change ☒ Addition  
12 NAME JOHN L. GARDNER  
13 STREET ADDRESS 18245 SE FEDERAL HWY  
14 CITY-ST-ZIP TEQUESTA FLA 33469

21 TITLE DIRECTOR ☒ Change ☐ Addition  
22 NAME ROBERT L. GILBERT III  
23 STREET ADDRESS 50 RIVERSIDE DR  
24 CITY-ST-ZIP JUPITER FLA 33469

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS

51 TITLE ☐ Change ☐ Addition  
52 NAME 400002214934  
53 STREET ADDRESS -06/17/97--01077--018  
54 CITY-ST-ZIP \*\*\*173.75

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF BROOKS, SEC, 5/12/97 5617435625

Date Daytime Phone #

CR2E034 (9/96)

CS  
6/16/97