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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00081** (2)
1. Corporation Name
SOUTH FLORIDA LOCKSMITH ASSOCIATION, INC.

Principal Place of Business C/O WATTS, JIM 1550 W 84TH ST #12 HALEAH FL 33014 US	Mailing Address 13801 NW 27 AVENUE OPA LOCKA FL 33054 US
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3. Date Incorporated or Qualified
11/23/1983

4. FEI Number 59-2478009	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 C/O PORTER-BUSCH, C Suite, Apt. #, etc. 22 13801 NW 27TH AVE City & State 23 OPA LOCKA, FL Zip 24 33054 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PORTER-BUSCH, C.
13801 NW 27 AVENUE
OPA LOCKA FL 33054**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WATTS, JIM
STREET ADDRESS	1550 W 84 STREET #12
CITY-ST-ZIP	HALEAH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	TUILLE, ROGER
STREET ADDRESS	1741 SW 47 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PORTER-BUSCH, C.
STREET ADDRESS	13801 NW 27 AVENUE
CITY-ST-ZIP	OPA LOCKA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CULLINS, PAT
STREET ADDRESS	6507 WINFIELD BLVD SUTE C203
CITY-ST-ZIP	MARGATE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CULLINS, PAT
1.3 STREET ADDRESS	6507 WINFIELD BLVD, STE C203
1.4 CITY-ST-ZIP	MARGATE, FL. 33063
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WATTS, JIM
2.3 STREET ADDRESS	1550 W 84TH ST. #12
2.4 CITY-ST-ZIP	HALEAH, FL 33014
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUSCH, TIM
3.3 STREET ADDRESS	13801 NW 27TH AVE
3.4 CITY-ST-ZIP	OPA LOCKA, FL 33054
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PORTER-BUSCH, C.
4.3 STREET ADDRESS	13801 NW 27TH AVE
4.4 CITY-ST-ZIP	OPA LOCKA, FL 33054
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Quintanilla, W. B.* 16 MAR 98 305-681-5813

CR2E037 (10/97)