**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N00081**

1. Corporation Name

## SOUTH FLORIDA LOCKSMITH ASSOCIATION, INC.

Principal Place of Busines
C/O PORTER-BISCH, C
13801 NW 27TH AVE
OPA LOCKA FL 33054
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

13801 NW 27 AVENUE OPA LOCKA FL 33054

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90031 031 \*\*\*\*61.25



3. Date Incorporated or Qualifed

11/23/1983

59-2478009

FEI Number

2p   Country   Zip   Country   Zip   Country   Zip   Country   S. Election Campaign Financing   \$5.00 May Be Added to Pees   P. Name and Address of Current Registered Agent   Single Financial   Single	City_&_State		Chy a State				<ol><li>Certifo</li></ol>	ate of Status Desired		Fee Red		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  PORTER-BUSCH, C. 13801 NW 27 AVENUE  OPA LOCKA FL 33054  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Signature, type of printed name of registered agent and the if package.  14. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. OFFICERS AND DIRECTORS IN 12.  11. TIME  12. OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS IN 12.  15. OFFICERS AND DIRECTORS IN 12.  15. OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 12.  17. OFFICERS AND DIRECTORS IN 12.  18. OFFICERS AND DIRECTORS IN 12.  19. OFFICERS AND DIRECTORS IN 12.  10. OFF	7:-	Country	28 7in	Count	·		£ [:4	n Compain Firm			<del> </del>	
9. Name and Address of Current Registered Agent  PORTER-BUSCH, C. 13801 NW 27 AVENUE OPA LOCKA FL 33054  82 Street Address (P.O. Box Number is Not Acceptable)  83	∠ip 24	·	<del></del>		,				g 🗆			
PORTER-BUSCH, C.  13801 NW 27 AVENUE OPA LOCKA FL 33054  83  64 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, and an interest agent, or both, in the State of Florida Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, and the purpose of changing its registered agent, and the state of Florida Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes, the above-name agent in the purpose of changing its registered agent. And the corporation's board of directors. I hereby accept the appointment as registered agent, and the purpose of changing its registered agent. And the corporation's board of directors. I hereby accept the appointment as registered agent. And the corporation's board of directors. I hereby accept the appointment as registered agent. And the corporation submits this statement for the purpose of changing its registered agent. And the corporation submits this statement for the purpose of changing its registered agent. And the corporation submits this statement for the purpose of changing its registered agent. And the corporation submits this statement for the purpose of the figure agent and and directors. In the corporation addition and the corporation a		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	10. Name and Address of New Registered Agent									
1380 1 NW 27 AVENUE OPA LOCKA FL 33054  83  84 City FL 85 Zip Code  17. 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 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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature, typed or prised name of registered agent and file? applicable.  OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 11 TITLE 12 MARGAITE PL 33063  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				8	1 Na	ame						
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and accept the obligations of, Section 617 05:03, Florida Statutes.  SIGNATURE  Signature, Nyeld or printed name of registered agent and site if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS IN 12  ITITLE  PD  CULLINS, PAT  STREET ADDRESS  6507 WINFIELD BLVD, STE C203  13 STREET ADDRESS  6507 WINFIELD BLVD, STE C203  13 STREET ADDRESS  CITY-ST-ZP  MARGATE FL 33063  14 ACITY-ST-ZP  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  TD  OBLETE  15 WE ARTH ST. #12  21 STREET ADDRESS  CITY-ST-ZP  TITLE  TD  OBLETE  31 TITLE  TD  OBLETE  31 TITLE  TD  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  ADDITION OFFICERS AND DIRECTORS IN 12  TITLE  TD  Change  Addition  Additio					-	•				• <u>                                    </u>		
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44. Less by earlier the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes.   further certify that the information	STREET ADDRESS			6.3 STRE	ET ADD	PRESS						
14. Legeby cartify 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	CITY-ST-ZIP											
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	44 Lharabur	certify that the information supplied with	this filing does not qualify for	or the exemp	tion s	stated in Sect	ion 119.0	7(3)(i), Florida Statute	s. I further cer	rtify that the in	nformation	

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Block 12 or Block 13 if changed, or pn an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE REQUIRED

Applied For

\$8.75 Additional

Not Applicable