

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 11 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 # P08319 (6)  
1. Corporation Name  
SPRING LOCK SCAFFOLDING SALES CO.



Principal Place of Business  
24311 PRODUCTION CIRCLE  
BONITA SPRINGS FL 33923  
US

Mailing Address  
2600 N. 2ND ST.  
PHILADELPHIA PA 19133-3410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1985  
3a. Date of Last Report 06/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-1550729	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
24	25		

9. Name and Address of Current Registered Agent

LEMUS, MARTHA  
602 S. ARMENIA AVE.  
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RAPOPORT, ERNEST	1.2 NAME	
STREET ADDRESS	214 PARKVIEW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHELtenham PA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	RAPOPORT, RANDY	2.2 NAME	
STREET ADDRESS	214 PARKVIEW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHELtenham PA	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	RAPOPORT, JEFFREY	3.2 NAME	
STREET ADDRESS	458 APPLE TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE HILLS PA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Jeffrey Rapoport 9/5/97

CR2E034 (4/97)