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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90136 020 ***150.00

DOCUMENT # P93000014310

1. Corporation Name

SECUR-I-KEYS, INC.

Principal Place of Business

6201 SW 70TH ST
SUITE 205
MIAMI FL 33143
US

Mailing Address

6201 SW 70TH ST
SUITE 205
MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 *12283. S.W 129.CT*	26 *12283. S.W 129 CT*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 *MIAMI FL*	27
City & State	City & State
23 *33186*	28 *MIAMI, FL*
Zip	Country	Zip	Country
24	25 *DADE*	29 *33186.*	30 *DADE*

3. Date Incorporated or Qualifed
02/15/1993

4. FEI Number
65-0485819
Applied For
Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RASKIN, STEPHEN L
6201 S.W. 70TH STREET, #205
SO. MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name *GEORGE A. MILIAN*
82 Street Address (P.O. Box Number is Not Acceptable) *12283. S-W 129 CT*
83
84 City *MIAMI*
FL
85 Zip Code *33186.*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☒ DELETE	1.1 TITLE *DIRECTOR*	☐ Change ☒ Addition
NAME RASKIN, STEPHEN L		1.2 NAME *GEORGE A. MILIAN*	
STREET ADDRESS 6201 S W 70TH ST		1.3 STREET ADDRESS *12283. S-W 129 CT*	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP *MIAMI FL 33186.*	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*   *5/27/99* *305-662-2888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #