FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	A CHIEF		
DOOLINAENT #	D0000001		

DOCUMENT # P93000021730 (5) OLD CUTLER SAFE AND LOCK, INC.							
Principal Place of	of Business	Mailing Address			I HARNIDAN IND HANGO ANNI BANN DONN BI	.[91 (III) 11 11 11 11 11 11 11
	9425 S.W. 181ST TERRACE 9425 S.W. 181ST TERRACE MIAMI FL 33157 MIAMI FL 33157						
					3. Date Incorporated or Qualified 03/18/1993	3a. Date of Last R 03/31/19	•
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suita Apl #	ote	26 Suite Apt # eta			65-0408371		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	AT THE REAL PLANE AND THE PERSON THE RESIDENCE AND MAKE THE REAL PROPERTY AS A SECTION OF THE PERSON A	City & State			Election Campaign Financing Trust Fund Contribution		O May Be
Zιρ	Country	Zip	Count	ry	8. This corporation has liability for inta	angible tax under s	
24	25 9. Name and Address of Curren	[29] t Registered Agent	30		Flor da Statutes Yes [
			8	1 Name			
	RBOCKER, LARRY		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	V. 181ST TERRACE		8	3			
MIAMI FL	L 3313/		L			Jac 7.	a Cada
				4 City		FL 85 Z	p Code
familiar with SIGNATURE s	n, and accept the obligations of, Sectional accept the obligations of sections are the section and the section are the section and the section accept the section acceptance accept the section acceptance accep	on 607.0505, Florida Statutes	TE: Registered A;		and of directors. Thereby accept the appoint	DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	DRS IN 12 Addition
NAME	KNICKERBOCKER, LARRY		12 NAM			E Orange	
STREET ADDRESS	9425 SW 181 TERR		1 3 STRE	ET ADDRESS			
CITY - ST - ZIP	MIAMI FL	FT OF STE	14 CiTY			Change	Addition
TITLE NAME		DELETE:	2 1 TITL 22 NAM			Change	Addition
STREET ADDRESS				ET ADDRESS			
CHTY - ST - ZIP		Pro oc. cre	24 CITY				
THLE NAME		DELETE:	3. 1 TITL 3.2 NAM			∵ 🔲 Change	■ Addition
STREET ADDRESS				EET ADDRESS			
CITY - \$1 - ZIP			3.4 CITY	-ST-ZIP			
TITLE		☐ DELETÉ	4. 1 TITE			☐ Change	☐ Addition
NAME STREET ADDRESS			4.2 NAM	ET ADDRESS			
C(TY+ST+ZIP			i	-ST-ZIP			
TITLE		DELETE	5 1 TITE			☐ Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS				ET ADDRESS			
C(1) -ST-ZIP TILLE		DELETE:	5 4 CITY 6 1 TITL			☐ Change	Addition
NAMÉ		<i>beari</i> .	6.2 NAM			□ orange	☐ realign
STREET ADDRESS				ET ADORESS			
CITY - ST - ZIP			6 4 CITY				
certify that oath; that I	the information indicated on this annu	ial report or supplemental ann ration or the receiver or truste	ual report is e empowere	true and acci	y for the exemption stated in Section 119.07 trate and that my signature shall have the sa this report as required by Chapter 607, Flori	me legal effect as i	if made under

LARRY KNICKERBUCKER 4-10-96 238-2179
EO OR WRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)