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

Mailing Address

5605 SW 74 STREET SOUTH MIAMI FL 33143

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business 5605 SW 74 STREET

SOUTH MIAMI FL 33143

DOCUMENT # P93000087211

A-ABBEY LOCKSMITH & ALARM, INC.

FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0433788 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 6. Election Campaign Financing City & State City & State \$5.00 May Be \Box **Trust Fund Contribution** Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOYD, BEATRICE D Street Address (P.O. Box Number is Not Acceptable) 82 12630 SW 82 AVE MIAMI FL 33156 83 84 85 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME BOYD, ROBERT A 1.3 STREET ADDRESS STREET ADDRESS 12630 SW 82 AVE **MIAMI FL 33156** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE BOYD, ROBERT A 2.2 NAME NAME 12630 SW 82 AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME KEELING, KEITH NAME 3.3 STREET ADDRESS 5700 SW 127 AV #1121 STREET ADDRESS **MIAMI FL 33183** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition 4.1 TITLE TITLE 4. 2 NAME ARTHUR, MICHAEL B NAME 9991 DOMINICAN DRIVE 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33189 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change ☐ DELETE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 suppliemental 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.

TITLE

NAME

STREET ADDRESS

FILED Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90077 022 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 12/20/1993

CR2E034 (11/98)