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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044623 (4)

J & M LOCKSMITH & SUPPLIES, INC.

FILED May 01 1998 8:00am Secretary of State

A 196416 Es eta 1811: Belli albit anti 1861: Batti Albit Albit Albit Atti Billia Billia Atti 1666 dille 1866

Principal Place of Business Mailing Address						{			ADDR LIKE HOOF
2901 WEST 16 AVE LOT 28 KIALEAH FL 33012		PO BOX 126055 HIALEAH FL 33012 US			DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualified			
2. Principal f	Place of Business	2a. Mailing Address				06/15/1994 4. FEI Number	т	١٨,	pplied For
21		26				65-0498253	ŀ	-	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					\$8		Additional
22		27				5, Certificate of Status Desired			equired
Clty & Sta	te `	City & State	City & State			6. Election Campaign Financing	\$!	5.00	May Be
23	28					Trust Fund Contribution	A	dded	to Fees
Zip	Country	Zıp	Country	/		8. This corporation owes or has paid the current year Intangible			
24	25 29 30 30 30 D. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
	UZMAN, JULIO C.	it tropistored Agent	81	Т	Name	10. Hame and Address of Ham hagistered	Agont		
	02MAN, JULIO C. 901 WEST 16 AVE		_	L					
	OT #28		82 Street Ad			ess (P.O. Box Number is Not Acceptable)			
	IALEAH FL 33012		83	۲			•		
'"	ALERAT TO BOUTE			Į.					
			84	l	City	FL	85	Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	s, the above	e-i	named corp	oration submits this statement for the purpose of	f chan	ging if	ts 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, typod or printed name of registered ag-			ent	s-gnature require	ed when reinstating) DATE			
12.	OFFICERS ANI		13.	_		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	•			1.1 TITLE				nange	Addition
NAME	GUZMAN, JULIO C		1.2 NAME						
STREET ADDRESS	2901 W 16TH AVE		1.3 STREET						
CITY-\$T-ZIP	MALEAH FL 33012	DELETE	1.4 CITY - S	31-	ZIP		Пc	hange	Addition
TITLE NAME		C) beech	2.1 TITLE 2.2 NAME			•	ши	Millige	L] Namedon
STREET ADDRESS			2.3 STREET		DUBECC				
CITY-ST-ZIP			2.4 City-5		•				
TITLE		DELETE	3.1 TITLE				Ci	nange	Addition
NAME			3.2 NAME				_		
STREET ADORESS	}		3.3 STREET	ΑE	DDRESS				
CITY-ST-ZIP			3 4. CITY - 9						
TITLE		DELETE	4.1 TITLE				Ci	nange	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	A!	DDRESS				
CITY-ST-ZIP			4.4 CITY - S	ìŦ-	ZIP				
TITLE		☐ DELETE	5.1 THLE				Ct	ange	Addition Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	JA I	DDRESS				
CITY-ST-ZIP			5.4 CITY - S	<u> 1-</u>	ZIP				
TITLE	1	☐ DELETE	6.1 TITLE				∐ Ct	iange	Addition
NAME			6 2 NAME						
STREET ADDRESS	İ		63 STREET						
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify for	6.4 CITY-S	_		Section 119 07(3)(i) Florida Statutos Uturbor as	etific th	at the	Information
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 eath; 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.									