

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

PROFIT CORPORATION ANNUAL REPORT 1999



98-99 AR

FILED MAY 26 AM 9:33

STATE OF FLORIDA TALLAHASSEE, FLORIDA

DOCUMENT # P94000061685

1. Corporation Name A-1-A SUPERIOR LOCK & SAFE, INC.

Principal Place of Business 1417 N. Ocean Blvd. Pompano Beach FL. 33062
Mailing Address 1417 N. Ocean Blvd. Pompano Beach FL. 33062

REINSTATEMENT 98-99

- 3. Date Incorporated or Qualified
4. FEI Number 65-0532778
5. Certificate of Status Desired IX \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No
8. Name and Address of New Registered Agent

2. Principal Place of Business and 2a. Mailing Address fields with sub-sections 21-30 for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent Dalen Ward 1417 N. Ocean Blvd. Pompano Beach FL. 33062

81 Name, 82 Street Address, 83 City, 84 City, 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 [Signature]

(NOTE: Registered Agent Signature required when reinstating)

DATE

Table 12: OFFICERS AND DIRECTORS with columns for Title, Name, Street Address, City-St-Zip.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 with columns for Title, Name, Street Address, City-St-Zip.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day Year Month #

CR2E034 (11/98)

6/3/99

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **P94000061685**

1. Corporation Name

**A1A SUPERIOR LOCK & SAFE, INC.**

Principal Place of Business

1417 N. OCEAN BLVD.  
POMPANO BEACH FL 33062

Mailing Address

1417 N. OCEAN BLVD.  
POMPANO BEACH FL 33062



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/18/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0532778	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WARD, DALEN	1417 N. OCEAN BLVD.	POMPANO BEACH FL 33062

8. Name and Address of Current Registered Agent

WARD, DALAN  
1417 N. OCEAN BLVD.  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2ED40 (9/96)