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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500005800 (4)

WIDLAK AUTO LOCK, INC.

Principal Place of Business

218 OLAIRE D SEFFNER FL S		218 CLAIRE DRIVE SEFFNER FL 33584-5311	218 CLAIRE DRIVE SEFFNER FL 33584-5318						
						3. Date Incorporated or Qualified 01/23/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- <del></del>	Ar	plied For
21		26				59-3288751		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc. 27				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible ta	x under s	. 199.032,
24	25	29	30			Florida Statutes	Yes 💢	No	,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
WIDLAK, BOGUSLAW 218 CLAIRE DRIVE SEFFNER FL 33584				81	Name Street Add	ress (P.O. Box Number is Not Acceptab	ele)		
				83					
				84	City		-  -  -  -  -  -  -  -  -  -  -  -  -		Code
agent I a SIGNATURE	m familiar with, and accept the oblig					poration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE					L	Change	Addition
NAME	WIDLAK, BOGUSLAW		1.2 N	IAME	ĺ				
STREET ADDRESS	218 CLAIRE DRIVE		1.3 S	IREET .	ADDRESS				
CITY-ST-ZIP	SEFFNER FL 33584		,	11Y-S1	1- <b>7</b> (P		·	1	T 1 (
TALE		☐ DELETE	2.1 T				L	_ Change	L_ Addition
NAME			2.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		CITY-S	1-ZIP			Change	Addition
TITLE		[] DELETE	31T		1		L	_ Change	L_1 WOUNDY
NAME CIDELL ADDOLESS					*DDDCCC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	<u>34, (</u> 4,1 1	OTY-S	1 - 211'		Т	Change	Addition
NAME		Ent profite		MAME.			L.	Unungo	bel round!
STREET ADDRESS					ADORESS				
				1114-S1	1				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 T		- 211			Change	Addition
NAME			5.2 N				_		
STREET ADDRESS					ADDRESS				
CITY-ST-7IP			- 1	41Y-S1	İ				

14. I do hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.1 1/1/18

6.2 NAME

DELFTE

SIGNATURE - PORIALISMA (ANOLLAS

NAME

STREET ADDRESS

h-28-87

#12-/ \$4. 1500

Addition

**FILED** 

May 09 1997 8:00am

Secretary of State