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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000015005**1. Corporation Name

GOLDILOCKS LOCKSMITHS, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90126 002 \*\*\*150.00



									(1 <b>11</b> 1 1111 11 <b>1</b> 111 1	(1911-1911-1911-19
Principal Place of Business Mailing Address						( 1991149) (18 1914) Billi 39111 4				
11701 N.W. 32 MANOR		11701 N.W. 32 MANOR					1			
SUNRISE FL 33323		SUNRISE FL 33323					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							02/14/1995	•		
2 Principal DI	ace of Business	2a. Ma	2a. Mailing Address				4. FEI Number		Apr	plied For
z. Finicipal Pi	ave or unamena	$\vdash$	26				65-0557108		<del></del>	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75 A	
22	.,,	27	27				5. Certificate of Status Desired		Fee Re	quired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the cur	rent year Int		
24	25	29		30			Personal Property Tax.		_/>	□No
	9. Name and Address of Currer	nt Registere	d Agent		ļ,		10. Name and Address of New	Registered	Agent	<u> </u>
BP 14	MINTEN EDIO !		٠		81	Name	,	•		
	UNSTEIN, ERIC J				82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
	OUTH UNIVERSITY DRIVE									
	E 319				83					
PLAP	NTATION FL 33324				84	City			85 Zip C	Code
					1		poration submits this statement for the	FL	•     <u> </u>	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN			E: Registered	Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FICERS AN	ID DIRECTO	RS IN 12
12.	P	DUNECIC	DELETE	1.1 Ti	TI F		ADDITIONATION AND TO CO	T TOLINO PAR	Change	Addition
TITLE	SELIGMAN, JEFFREY R			1.1 N					- •	-
NAME STREET ADDRESS	11701 N.W. 32 MANOR					ADDRESS				i.
STREET ADDRESS	SUNRISE FL 33323				TY-ST		•			
CITY-ST-ZIP TITLE	ST ST		DELETE	2.1 TI		1-235			Change	Addition
NAME	GOLDENBERG, WAYNE P			2.2 N		ļ				
STREET ADDRESS	11054 N.W. 38 STREET					ADDRESS				
	SUNRISE FL 33357				HY-S		-			
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TI					Change	☐ Addition
NAME				32 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				1	ity-s	i			·	
TITLE			☐ DELETE	4.1 TI				<del></del> .	. Change	Addition
NAME				4.2 N	IAME					
STREET ADDRESS				4.3 S	TREET	ADDRESS	•		•	
CITY-ST-ZIP			_	4.4 C	TY-S1	T-ZIP			<u> </u>	
TITLE			☐ DELETE	5.1 TI	TLE				Change	Addition
NAME				5.2 N	AME	ĺ				
STREET ADDRESS				5.3 S	TREET	ADDRESS	•			
CITY-ST-ZIP				54C	TY-S	T-ZiP				
TITLE			☐ DELETE	6.1 TI	TLE				Change	Addition
NAME				6.2 N	AME	]				-
STREET ADDRESS				6.3 S	TREET	ADDRESS		-	•	
CITY-ST-ZIP				6.4 C	ITY-\$1	T-ZIP				

ornation 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 pool or supplierental 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 adoption or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the property of an attachment with an address, with all other like empowered. 14. I hereby certify that t indicated on this ann officer or director of t Block 12 or Block 13

SIGNATURE: