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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037812 (1)

EXPRESS LOCKSMITH, INC.

Principal Place of Business Mailing Address 7383 NW 34TH STREET 7383 NW 34TH STREET LAUDERHILL FL 33319 LAUDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0586645 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Ziti Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, HAROLD 7383 NW 34TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 85 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed manic of registered agent and title if applicable (NOT). Registered Agent a greature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MILLER, HAROLD 1.2 NAME 7383 NW 34TH STREET STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 33319 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 2 1 11TLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(TY-ST-Z)P CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee employed 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 attaching it with an address

3.4. CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 DFTY - ST - ZIP

6.3 STREET ADDRESS

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Apr 21 1998 8:00am

Secretary of State