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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052070

1. Corporation Name

KEY AND LOCK SHOP, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90063 008 ***150.00



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US		US .							N THIS SP	ACE	
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2. Principal Pl	lace of Business	2a. Mailing Ad	idress			4. FEI Nur				Ap	plied For
21		26				65-06	04606			No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.						,	\$8.75	Additional
22		27				5. Certifca	te of Status Desir	ed L	J	Fee Re	quired
City & State	9	City & Sta	te			6. Election	Campaign Finan	cing _	,	\$5.00	May Be
23		28				1 -	and Contribution		J	Added t	
Zip	Country	Zip					poration owes the	e current y	ear Intang	ible	
24	25	29	30	<u> </u>		I	al Property Tax.	-		Yes	□No
	9. Name and Address of Curren			·		10. Name a	and Address of N	lew Regis	stered Ag	ent	
				81	Name	•			•	-	
SHO	OCKLEY, ELMER D				<u> </u>						
248	S FEDERAL HWY			82	Street	Address (P.O. Box	Number is Not Ac	TL/	,		
DEE	RFIELD BEACH FL 33441			83	OLPC	<u>, , , , , , , , , , , , , , , , , , , </u>	JUNIJU I	7 70 7			
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				84	City				FL	85 Zip (Code
44 D	to the provisions of Sections 607.050.	2 and 607 4509 Et	orida Statutan	the about	- pamed	corporation submit	this statement for	or the nurr		anging its	registered
11. Pursuant	to the provisions of Sections 507.050. registered agent, or both, in the State	z and 607.1506, Fit	onda Siaiules, ando was auth	orized by	the corn	oration's board of d	irectors. I hereby	accept the	e appointm	ent as re	gistered
office or re	egistered agent, or both, in the State i	or riorida. Odor or	anye was auun		are corpo		,	,	FF +		
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 60	7.0505, Florida	a Statutes		0,000,000		,			
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agent. I ar SIGNATURE	m familiar with, and accept the obligat	tions of, Section 60	7.0505, Florida	a Statutes	•	required when reinstating)	,	t	DATE		
agent. I ar SIGNATURE	m familiar with, and accept the obligated signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 60 It and title if applicable.	7.0505, Florida (NOTE: Re	a Statutes	•	required when reinstating)	NS/CHANGES T	t	DATE ERS AND	DIRECTO	PRS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: