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

**'PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT (\$) STATE Sandra B. MortMam

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600066650 (8)

MIAMI CENTRAL LOCKSMITH CO.

97 JUN 23 MM 7: 35

SECRETARY OF STATE TALLAHASSEE FLORIDA



881 NW 102 CT. MIAMI FL 33172  NO BUSINESS TRANSACTIONS have been conducted nor has business been opened.  2. Principal Place of Business 21 NO BUSINESS LEESTABLISHED 26 68 NW 102 CT. Suite, Apt. #, etc.  22 City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  E81 NW 102 CT. MIAMI FL 33172-4051  3. Date incorporated of 08/08/1996  4. FEI Number  5. Certificate of Status  Trust Fund Contribut  28 This corporation has	Applied For Not Applicab s Desired S.75 Additional Fee Required Financing \$5.00 May Be Added to Fees as liability for intangible tax under s. 199.032,
NO Business transactions have been conducted nor 3. Date incorporated conducted nor 08/08/1996  2. Principal Place of Business 21 NO Business yetestablished 26 68   NW 102 ct.  Suite, Apt. #, etc.  22 City & State  City & State	Applied For Not Applicab s Desired S.75 Additional Fee Required Financing \$5.00 May Be Added to Fees as liability for intangible tax under s. 199.032,
**has business been opened.  2. Principal Place of Business etablished 26 681 NW 102 ct.  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  28. Mailing Address 26 681 NW 102 ct.  Suite, Apt. #, etc.  5. Certificate of Status  City & State	Applied For Not Applicab s Desired S.75 Additional Fee Required Financing \$5.00 May Be Added to Fees as liability for intangible tax under s. 199.032,
21 NO BUSINESS	Not Applicable \$8.75 Additional Fee Required  Financing \$5.00 May Be Added to Fees as liability for intangible tax under s. 199.032,
Suite, Apt. #, etc.  27  City & State	S Desired S S.75 Additional Fee Required  Financing S S.00 May Be Added to Fees as liability for intangible tax under s. 199.032,
22 5. Certificate of Status City & State City & State 6. Election Campaign Trust Fund Contribu	Financing \$5.00 May Be added to Fees as liability for intangible tax under s. 199.032,
27 City & State City & State 6. Election Campaign Trust Fund Contribu	Financing \$5.00 May Be added to Fees as liability for intangible tax under s. 199.032,
28 Trust Fund Contribu	ution Added to Fees as liability for intangible tax under s. 199.032,
*Zip 1 Country 1 Zip 1 Country 1 a This corporation has	
	Yes 🔀 No
24 25 29 30 Florida Statutes  9. Name and Address of Current Registered Agent 10. Name and Address	s of New Registered Agent
RAIMONT, WILLIAM 81 Name	
004 NRM 400 CT	
MIAMI FL 33172	Not Acceptable)
MIPMI FL 931/2	
	· · · · · · · · · · · · · · · · · · ·
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I have tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ment for the purpose of changing its registere hereby accept the appointment as registered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12.) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN 12
THE MICHAEL LOCKSMITH DELETE 12 THE	Change Addition
NAME William Raingert = Preside 12 NAME	that the government of the control o
STREET ADDRESS (SV 1 N.W. 102 CT. 13 STREET ADDRESS)	
CITY-ST-ZIP MIAMI, FL 33/72 14 CITY-ST-ZIP	
TITLE DELETE 21 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3 3 STHEET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TAILE DELETE 4.1 TIPLE	Change
NAME 4.2 NAME	00222 <b>19</b> 18- <del>4</del> -06/24/9701098018
STREET ADDRESS 4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP 4.4 CITY-S1-ZIP	
TITLE DELETE 5.1 TOLE	L] Change L] Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-SY-ZIP	<b></b>
TITLE	L Change L Additio
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-\$1-2IP 6.4 CITY-\$1-2IP 6.4 CITY-\$1-2IP 6.4 CITY-\$1-2IP 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). Fig.	orida Ctatuton I further postifu that the
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 appears in Block 12 or Block 13 if observed, or on an attachment with an address.	ne same legal effect as if made under Tally th