


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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077296 (7)

1. Corporation Name  
SPI LOCKSMITH, INC.

Principal Place of Business 2318 MOORE HAVEN DRIVE NORTH CLEARWATER FL 34623 33763	Mailing Address 2318 MOORE HAVEN DRIVE NORTH CLEARWATER FL 34623 33763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2318 Moorehaven Dr. W. Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33763 Country 25 U.S.A.	2a. Mailing Address 25 2318 Moorehaven Dr. W. Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33763 Country 30 USA
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3. Date Incorporated or Qualified 09/17/1996	4. FEI Number 59-3400103	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MERITT, GARY E  
2318 MOORE HAVEN DRIVE WEST  
CLEARWATER FL 34623 33763

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERITT, GARY E 2318 MOORE HAVEN DRIVE WEST CLEARWATER FL 33763	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MERITT, GARY L 2318 MOORE HAVEN DRIVE WEST CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MERITT, BRENDA J 2318 MOORE HAVEN DRIVE WEST CLEARWATER FL 33763	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
	33763	Vice-President GARY L. MERITT 12505 RIVERMILL DR BAYONET POINT, FL 33767	33763		

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 changed, or on an attachment with an address.

SIGNATURE:

GARY E. MERITT, Pres 1-6-98

813-726-0254  
813-797-0465

CR2E034 (10/97)