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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000096777 (3)

SOUTH SHORE LOCKSMITH, INC.

Principal Place of Business	Mailing Address			f idetider bis ibris dien dent abrit saue seire seire	18 6 4414 18 4 41 14811 1	1881 1881
8521 N.W. 25TH STREET SUNRISE FL 33322	8521 N.W. 25TH STREET Sunrise FL 33322-2937					
				3. Date Incorporated or Qualified 3a. 11/21/1996	Date of Last Re	eport
2. Principal Place of Business	2a. Mailing Address		· · · · · · ·	4. FEI Number		plied For
21	26 Suite Ant # pte	··· ·· ·· ·		0941220-59	\$8.75 A	t Applicable
Suite Apt #, etc t	Suite, Apt. #, etc.			6. Certificate of Status Desired	Fee Re	
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added t	
Zip Country	Zip	Counti	У	8. This corporation has liability for intangit		199.032,
24 25 25 9. Name and Address of Curren	29 30	0]		Florida Statutes Yes 10. Name and Address of New Registers		
BRAIN, WILLIAM F	1108101001718011	. 8	Name		<u> </u>	
8521 N.W. 25 STREET		8	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUNRISE FL		L		Table (1.50. Box (railibo) to tract beopticolor)		
		В	3			
		8	4 City		85 Zip (Code
10-10-07-07-0	0 - 1 007 4500 F(-ide Cleb dee	*ho aba	10 2020 000	coroling submits this statement for the purpose		e registered
11. Pursuant to the provisions of Sections 607,050, office or registered agent, or both, in the State	of Florida, Such change was au	, the about	by the corpora	ition's board of directors. I hereby accept the a	ppointment as	registered
agent it am tanillar with land accept the obliga	ations or, Section 607,0505, Florid	da Statut	1 PX	4-7	- 67	
SIGNATURE WILLIAM F. P.R. ITY Signature Typed or printed name of registered age	nt and title if applicable (NOTE: F	Registered A	pent signature requ	ired when reinstating) DATE		· · · · · · · · · · · · · · · · · · ·
12. OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
THE D	☐ DELETE	1.1 TITLE	. i		Change	Addition
NAME BRITTAIN, WILLIAM F		1.2 NAM				
STHEET ADDRESS 8521 N.W. 25TH STREET			ET ADDRESS	·		
CITY+S1+2P SUNRISE FL 33322	DELETE	2.1 TITLE	-ST-ZIP		Change	Addition
NAME BRITTAIN, ALICIA A		2.2 NAM				
STREET ADDRESS 8521 N.W. 25TH STREET		2.3 STRE	ET ADORESS			
CITY - ST - ZIP SUNRISE FL 33322		2. 4 CiTy	-ST-ZIP			
TILLE	☐ DELETE	3.1 TITL			Change	Addition
NAME		3.2 NAM				
STREET AUDRESS			ET ADDRESS			
C(FY - ST - 7/P	DELETE	3.4. CITY 4.1 TITL	'-ST-ZIP		Change	Addition
THE NAME	- Dett.	4. 2 NAN	1			
STREET ADORESS			ET ADDRESS		٠	
C(1 y - S1 - 7))		4	-ST-ZIP			
TITLE	DELETE	5.1 TITU			☐ Change	Addition
NAME		5.2 NAV				
STREET ADDRESS			ET ADDRESS			
CHY-ST ZIF	☐ DELETE	5.4 CITY 6.1 TITL	- ST - Z(P		☐ Change	Addition
NAMi		6.2 NAN		•		
STREET ADDRESS			ET ADDRESS			
CITY -S1 - 7/2		64 CITY	-ST-ZIP			
14. I do hereby certify that the information supplie	cupologiontal appual report is tru	മെന്നിയു	Curata and the	ed in Section 119.07(3)(i), Florida Statutes. I fur at my signature shall have the same legal effec ort as required by Chapter 607, Florida Statutes	ras ir made ur	ider baur, ina