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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000099792 (9)

**ACTION SAFE AND LOCK INC.** 

**FILED** Mar 30 1998 8:00am Secretary of State



	,							
Principal Place of Business Mailing Address						t todandus jud totab distri odnit ddiet donit odser ibi		1840 1101 1001
3787 AURORA RD MELBOURNE FL 32834-8149		3787 AURORA RD MELBOURNE FL 32834-8149				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/09/1996		
	lace of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
21	# -1-	26				59-3418828		Not Applicable
Suite, Apt.		Suite, Apt. #	, etc.			5. Certificate of Status Desired		Additional Required
City & State	6	City & State	City & State			8. Election Campaign Financing	\$5.0	<b>0</b> Мау Ве
23		28				Trust Fund Contribution Added to Fees		
Ζip	Country	Zip	— —	ountry		8. This corporation owes or has paid the cur		
24	25 9. Name and Address of Curre	[29]	30	_				☑ No
		eni Hegistereo Agent		81	Name	10. Name and Address of New Registered	Agent	
	STER, BARBARA E			"	INGINE			
3787 AURORA RD MELBOURNE FL 32934				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
				83				
				84	City	FL	<b>85</b> Zip	o Code
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 nance of registered agreal and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
12.		NO DIRECTORS	13.		ur æiðivairike ie	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DE IN 12
TITLE	STD	□ Di		TITLE		ADDITIONS OF ANGES TO OF TOERS AND	Change	
NAME	EASTER, BARBARA		1.21	NAME				
STREET ADDRESS	APAR 419004 00		STREET.	ADDRESS				
CITY-ST-ZIP	ME BOUDLE EL AGOLI			1.4 CITY-ST-ZIP				
TrTLE			TITLE	<u> </u>		Change	Addition	
NAME	EASTER, JAMES		2.21	NAME				_
STREET ADDRESS	3787 AURORA RD.		2.3	STREET	ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32934			CITY-S				
TITLE	DELETE			3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			3.2 (	NAME				
STREET ADDRESS			3.3 3	STREET	ADDRESS			
CITY - ST - ZIP			3.4.	CITY-S	T-21P			
TITLE		□ Di	LETE 4.11	TITLE	7		Change	Addition
NAME			4. 2	NAME				
STREET ADDRESS			4.3 5	STREET	ADDRESS			
CITY-ST-ZIP				CITY-ST	- ZIP			
TITLE		□ DE	LETE 5.11	TITLE			Change	Addition
NAME			5.21	IAME				
STREET ADDRESS			5.3 \$	TREET /	ADDRESS			
CITY-ST-ZIP				CITY-ST	- ZIP			
TITLE		□ DE	LETE 611	ITLE			Change	Addition
NAME			62)	NAME	1			
STREET ADDRESS			635	STREET A	ADDRESS			1
CITY-ST-ZIP			6.4 0	OTY-ST	-ZIP			

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 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 an attachment with an address.

James R. Enster R.