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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 26 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020572

1. Corporation Name

SURE-WOOD LOCK, INC.

Principal Place of Business

7109 NW 69 AVE  
TAMARAC FL 33321

Mailing Address

7109 NW 69 AVE  
TAMARAC FL 33321

2. Principal Place of Business

21 2363 NW 162nd TERR  
Suite, Apt. #, etc.

2a. Mailing Address

26 2363 NW 162nd TERR  
Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINE, FL  
Zip Country

27 City & State

28 PEMBROKE PINE FL  
Zip Country

24 33028 25 USA

29 33028 30 USA

9. Name and Address of Current Registered Agent

SACHELIMA, JESUS  
235 SW LE JEUNE RD  
MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

65-0902240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent signature is required when first registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MICHAUD, IVE  
STREET ADDRESS 7109 NW 69 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE  
NAME LEAF, TOM  
STREET ADDRESS 1700 SW 4TH CT  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE D ☐ DELETE  
NAME EDWARDS, TITUS  
STREET ADDRESS 1705 SW 4TH CT  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE D ☐ DELETE  
NAME BELANGER, ALAIN  
STREET ADDRESS 2884 EDGEHILL LN  
CITY-ST-ZIP COOPER CITY FL 33028

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

2363 NW 162nd TERRACE  
PEMBROKE PINES, FL 33028

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with signature, and is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/99 305-888-8687

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CR2E034 (11/98)