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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

BOCA S	ECURITY	CENTER & LOCK	SMIT	H INC.								
Principal Place	ailing Address					T I BERNOLO (BI ONIX) ODRIO DURA (BIBE)	ili Bibil Bibii	BIBH BIBH BIBH				
156 N.W. 20TH ST. BOCA RATON FL 33431				156 N.W. 20TH ST. BOCA RATON FL 33431-7849								
									3. Date Incorporated or Qualified 05/06/1991		ate of Last R	eport
2. Principal Place of Business				2a. Mailing Address					4, FEI Number			plied For
21				26					65-0258949		No	t Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	10-11-1
22				27					C, Continuate of Glorial Doubles		Fee Re	quired
City & State				City & State					6. Election Campaign Financing		\$5.00	
Zip Country			28	28			,	·	Trust Fund Contribution		Added 1	
24		25	29	245	30	Juliu			This corporation has liability for Florida Statutes		nax under s. No	. 199.032,
<u> </u>	9. Name and Address of Current							10. Name and Address of New Registered Agent				
PRE	STI, JOHN						Nam	0				
156 N. W. 20TH ST							Ctro	at Addro	ess (P.O. Box Number is Not Accepta	abla)		
BOCA RATON FL 33431							Silet	a Addre	ss (i .O. Dox internet is not Access	поне)		
							City			·	lor 7in/	Code
										FL	.	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 							e-name y the co	ed corpo orporatio	oration submits this statement for the on's board of directors. I hereby acc	purpose o	f changing it pointment as	s registered registered
SIGNATURE		•										Ì
Signature, typed or printed name of registered agent and title if appricable (NOT). He							ent signal	ura require	d when reinstating)	DATE		
12.	DT.	OFFICERS AN	D DIRE	CTORS DELETE	13			T	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PT	IONN CD		רין מנונונ	1	TITLE		'			☐ Change	Addition
NAME .	PRESTI, JOHN, SR. 454 REWOOD LANE			1.2 N			100000	,				
STREET ADDRESS		ATON FL 33487			- 1		ADDRES	\$				ļ
CITY-ST-ZIP TITLE	VS	NIOH I E SOTO!		DELETE		CHY-S	SI-ZIP				Change	Addition
NAME	PRESTI,	I INDA				NAME		1				
STREET ADDRESS		WOOD LANE					ADDRES					
CITY-ST-ZIP	DOOL DITON IT AGANT						S1-71P	"				
TITLE				☐ DELETE		TITLE					Change	Addition
NAME					3.2	NAME		1				ļ
STREET ADDRESS					3.3	STREET	ADDRES	s				
CITY-ST-ZIP					3.4	CITY-	SI - ZIP					
TITLE				DELETE	4.1	TITLE					☐ Change	Addition
NAME					4. 3	NAME						
STREET ADDRESS					4.3	STREET	ADDRES	s				
CITY-ST-ZIP						CHY-S	SI - ZIP					···· r 1
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NAME					4	NAME						
STREET ADDRESS					- 1		I ADDRES	S				
CITY-ST-ZIP				DELETE		CITY - S	51 - ZIP				☐ Change	Addition
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NAME STREET ADDRESS						NAME	I ADDDES					
STREET ADDRESS					G.3 STREI			0				
CITY-ST-ZIP					<u></u>	CITY-5	oj-ZIP					

I do 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 logal 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.

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