## 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 #

(8)

**BOCA SECURITY CENTER & LOCKSMITH INC.** 

Principal Place of Business Mailing Address

**FILED** Apr 16 1998 8:00am Secretary of State



| 156 N.W. 20TH ST.<br>BOCA RATON FL 33431   |  | 156 N.W. 20TH ST.<br>BOCA RATON FL 33431 |                          | DO NOT WRITE IN THIS SPACE |  |                                |                 |
|--|--|--|--------------------------|----------------------------|--|--------------------------------|-----------------|
|  |  |  |                          |                            | <ol> <li>Date Incorporated or Qualified</li> <li>05/06/1991</li> </ol> |                                |                 |
| 2, Principal Pi  | lace of Business                                   | 2a. Mailing Address                      |                          |                            | 4. FEI Number  | $\overline{}$                  | Applied For     |
| 21 1811  | NM SND HOE.  | 26 1811 NW SU                            | O A                      | e.                         | 65-0258949   |                                | Not Applicable  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                      | Suite, Apt. #, etc.      |                            | 5. Certificate of Status Desired                                       | \$8.75 Additional Fee Required |                 |
| City & State   |  | City & State                             |                          |                            | 6. Election Campaign Financing   | \$5.                           | 00 May Be       |
| 23 BOCE  | RATON FL   | 28 BOCA RATCE                            | n FL                     |                            | Trust Fund Contribution  |                                |                 |
| Zip  | Country  | Zip                                      | Country                  |                            | 8. This corporation owes or has paid the co                            | urrent year                    | r Intangible    |
| 24 3 34  |  | 29 33432 3                               | 0                        |                            | Personal Property Tax due June 30.                                     | Yes                            | No No           |
| g, Name and Address of Current Registered Agent 10. Name and Address of New Regis  |  |  |                          |                            |  | d Agent                        |                 |
| 156  | ESTI, JOHN<br>3 N. W. 20TH ST<br>CA RATON FL 33431 |  | 81 Name<br>82 Street Add |                            | COCA SECURITY OTH ACCIONATIVE  |                                |                 |
|  | on terroit is const                                |  | 83                       |                            | BOCA RATON PL \$9482   |                                |                 |
|  | •  |  | 84                       | City                       | FI   | 85 Z                           | Zip 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 familia: with, and accept the objection 607.0505, Florida Statutes.  |  |  |                          |                            |  |                                |                 |
| SIGNATURE Signature, typed or printed name of registered agent and letter's epiderable (NOTE Registered Agent's gnature required when reinstalling)  DATE  |  |  |                          |                            |  |                                |                 |
| 12.  |  | ND DIRECTORS                             | 13.                      |                            | ADDITIONS/CHANGES TO OFFICERS AN                                       | ND DIRECT                      | TORS IN 12      |
| TITLE  | PT   | DELETE                                   | 1.1 TITLE                |                            |  | Chan                           |                 |
| NAME   | PRESTI, JOHN, SR.                                  |  | 1.2 NAME                 |                            |  |                                |                 |
| STREET ADDRESS   | 454 REWOOD LANE                                    |  | 1.3 STREET ADDRESS       |                            |  |                                |                 |
| CITY-ST-ZIP  | <b>BOCA RATON FL 33487</b>                         |  | 1.4 CITY - ST - ZIP      |                            |  |                                |                 |
| TITLE  | VS   | DELETE                                   | 2.1 TITLE                |                            |  | Chan                           | ge Addition     |
| NAME   | <b>Pr</b> esti, Linda                              |  | 2.2 NAME                 |                            |  |                                |                 |
| STREET ADDRESS   | 454 REDWOOD LANE                                   |  | 2.3 STREET               | ADDRESS                    |  |                                | j               |
| CITY-ST-ZIP  | BOCA RATON FL 33487                                |  | 2. 4 CITY - ST - ZIP     |                            |  |                                |                 |
| TITLE  |  | ☐ DELETE                                 | 3.1 TITLE                |                            | 4900024918   | nsc <b>ro</b> llan             | ge Addition     |
| NAME   |  |  | 3.2 NAME                 | ļ                          | -04/17/98010240  | D24                            |                 |
| STREET ADDRESS   |  |  | 3.3 STREET               | ADDRESS                    | ***150.00  |                                |                 |
| CITY-ST-ZIP  | <del></del>  |  | 3.4. CITY- 9             | S1-ZIP                     |  |                                | J               |
| TITLE  |  | ☐ DELETE                                 | 4.1 TITLE                | J                          |  | ☐ Chan                         | ge Addition     |
| NAME   |  |  | 4. 2 NAME                |                            |  |                                | 1               |
| STREET ADDRESS   |  |  | 4.3 STREET               | address                    |  | n                              | ,               |
| CITY-ST-ZIP  |  |  | 4.4 CITY - S             | T-ZIP                      |  | HA                             |                 |
| TITLE  |  | ☐ DELETE                                 | 51 THTLE                 |                            | •  | Chang                          | ge Addition     |
| NAME   |  |  | 5.2 NAME                 |                            | <i>∠/</i>  | 1/56                           | ////            |
| STREET ADDRESS   |  |  | 5.3 STREET               | l                          |  | (]]/                           | 1/6             |
| CITY-ST-ZIP  |  | T order                                  | 5.4 CITY - S             | 1-ZIP                      |  |                                | <u> </u>        |
| TITLE  |  | DELETE                                   | 6 1 TITLE                |                            | ,  | LI Chang                       | ge [_] Addition |
| NAME   |  |  | 6.2 NAME                 |                            |  |                                |                 |
| STREET ADDRESS   |  |  | 6.3 STREET               | J                          |  |                                | J               |
| CITY-ST-ZIP  | artify that the information associated             | with this filing does not qualify for    | 6.4 CITY-S               |                            | in Costino 110 07/2\/ii\ Florida Ctatudas 15th                         | neetify the                    | the information |
| 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 on an attachment with an address. |  |  |                          |                            |  |                                |                 |