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

PROFIT . . CORPORATION • ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

TROPIO	JMENT # VOO45 CAL LOCK & SECURITY, II	· ()			
Principal Place of Business 5144 THIRD ROAD LAKE WORTH FL 33467 US		5144 3RD RD	5144 3RD RD LAKE WORTH FL 33467-5628		
				3. Date Incorporated or Qualified 12/16/1991	3a. Date of Last Report 02/16/1996
2. Principal	Place of Business	2a, Mailing Address	······································	4. FEI Number	Applied For
Suite, Ap	et #. etc	Suite, Apt. #, etc.	<u></u>	65-0300905	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & St	ato	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
	ORTON, SUSAN		81 Name		
5144 THIRD RD LAKE WORTH FL 33467			82 Street Add	ress (P.O. Box Number is Not Acceptable	B)
<i>-</i>	NE WORITI PL 3340/		83		
			84 City		85 Zip Code
			1 1		
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NOTE	Registered Agent algorature requ		4-29-4 1 DATE
12. 1⊓t€	OFFICERS.	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	HORTON, SUSAN	_ Joene	1.2 NAME		Orango
STREET ADDRESS			1.3 STREET ADDRESS		
CHTY - ST - 7PP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
1:TLF	D DAY	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADORESS	HORTON, RAY 5 5144 THIRD RD		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
THE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	5		3 3 STREET ADDRESS		
OTTY-ST-ZIP		☐ DELETÉ	3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS	s		4.3 STREET ADDRESS		
C11Y - S1 - Z1F		Florier	4.4 CITY-ST-ZIP		Character Lander-
THLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADORESS	S		5.2 NAME 5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
Trill		DELETE	6.1 TITLE	······································	☐ Change ☐ Addition
NAMÉ			6.2 NAME		
STHEET ADDRESS	S (6.3 STREET ADDRESS		
CITY-ST-ZIF	J		6.4 CITY - ST-ZIP		

SIGNATURE:

14. 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 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.

FILED

May 19 1997 8:00am

Secretary of State