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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2260 S.W. 71ST TERRACE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15598

(8)

Mailing Address

2260 S.W. 71ST TERRACE

ALL FLORIDA LOCK & SAFE INC.

| FILED | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Apr 16 1997 8:00am | | | | | | | | | |
| Secretary of State | | | | | | | | | |



| DAVIE PL 3331 | , | UAVIE FL 33317-7136 | | | | | | | | | |
|-------------------------|--|---------------------|--------------------|---------------|----------------------------------|---|-----------------------------------|---------------------|----------|----------------------------------|--|
| | | | | | | 3. Date Incorporated or Qualified 02/21/1992 | 3a. Da | ite of La 17/199 | | port | |
| | Nace of Business | 28. Mailing Address | | | 4. FEI Number | Trippinga For | | | lied For | | |
| 21 | | 26 | | | 65-0398651 | | | Not Applicable | | | |
| Suite, Apt | #, etc. | Suite, Apt. #. etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | | | |
| City & Stat | e | City & State | | | | Election Campaign Financing Trust Fund Contribution | | May Bo to Fees | | | |
| Zip 24 | Country 25 | 2ip | 30 | Country | | B. This corporation has liability for intangible tax und Florida Statutes | | | | der s. 199.032, | |
| | 9. Name and Address of Currer | | | | | 10. Name and Address of New Reg | | | | | |
| HAY | BERG, CHARLES PATRICK | | | 81 | Name | | | | | | |
| | S.W. 71 TERRACE | | - | 82 | Stroot Ada | ress (P.O. Box Number is Not Acceptab | lol | | | | |
| DAV | IE FL 33317 | | Į | | , | ress (r.o. box number is not Acceptab | | | | | |
| | | | | 83 | 05. | | | 1221 | 7: 0 | | |
| | | | | 84 | City | | FI | 85 | Zip Co | ode | |
| agent. I a SIGNATURE | im familiar with, and accept the obligi | | | | | tion's board of directors. Thereby acception is board of directors. | DATE | | | | |
| 12. | OFFICERS AN | DIBLICTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIREC | TORS | IN 12 | |
| TITLE | P | DELETE | 1.1 111 | LE | | | | D Cha | nge | Addition | |
| NAME | HAYBERG, CHARLES P | | 1.2 NA | ME | | | | | | | |
| STREET ADDRESS | 2260 S.W. 71ST TERRACE DAVIE FL 33317 | | 13 SI: | REFT | ADDRESS | | | | | | |
| CITY-ST-ZIP | DAVIE FL 33317 | DELETE | 1401 | | 1-7IP | | | Cha | | T andres | |
| TITLE NAME | | | 2 1 1 II 2 2 NA | | 1 | | | Ula | nge | Addition | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CATY-ST-ZIP | | | 2 4 Cl | | | | | | | | |
| TITLE | | DELETE | 3111 | | " | | | Cha | nge | Addition | |
| NAME | | | 3.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | 3.3 \$1 | REET. | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. Cl | IY-S | I - ZIP | | | | | Makes salamer men vare sa | |
| TITLE | | DELETE | 4.1 111 | | | | | Cha | กge | Addition | |
| NAME | | | 4. 2 N/ | | | | | | | | |
| STREET ADDRESS | | | | | ADDRES\$ | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CIT 6.1 1 1 | | 1 - ZIP | | | ☐ Čha | nne | Addition | |
| NAME | | <u></u> | 5.2 NA | | 1 | | | L 0110 | ngo. | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | | | | | | | |
| TITLE | | DETETE | 61 TH | | | | | Cha | nge | Addition | |
| NAME | | | 6.2 NA | V{ | | | | | | | |
| STREET ADDRESS | | | 63.51 | REET. | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 6 4 Ci1 | y · S1 | 1 - 216 | | | | | | |
| | | | | | | | | | | | |

n op nereby 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 of suppliemental 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 it changed or on programment with an address.

CIONATURE.

4.10.97

(9(4) 474.1464