SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

•	1998		T ILEE	DIVISION OF	CORPOR	ITAS	ONS	Secretary of Stat	e
DOCUI 1. Corporation	MENT n Name	V 1009	В	(8)				-	
ALL FLO	RIDA LO	CK & SAFE INC.						s annu nutnu annu nunu nunu nutu nutu nut	(D)
Principal Place	e of Bus ines	is	М	alling Address				T 100% Disper vient askai disin 1000 1001 dian 4001 4101 alah alah asan 16	FI
2260 S.W. 71ST TERRACE				2260 S.W. 71ST TERRACE					
DAVIE FL 3331	7		DA	VIE FL 33317				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
				N. 91				02/21/1992 4. FEI Number Applied For	
Principal Place of Business 21				2a. Mailing Address				4. FEI Number Applied For 65-0398651 Not Applicat	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22				27				Fee Required	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip		Country	28	Zip	Cou	ntry		8. This corporation owes or has paid the current year intangible	
24		25	29		30	_		Personal Property Tax due June 30. Yes No	
		and Address of Curr	ent Regis	stered Agent		64	N	10. Name and Address of New Registered Agent	
		ARLES PATRICK				81	Name		
2260 S.W. 71 TERRACE							Street Addre	ess (P.O. Box Number is Not Acceptable)	
DAVIE FL 3 3317						83			
						84	City	85 Zip Code	
							ļ [*]	FL ` `	
11. Pursuant	to the provi	sions of sections 607.0	502 and 60 ate of Flori	07.1508, Florida Statute	es, the abo	ove-	named corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	am fam iliar v	with, and accept the ob	ligations o	f, section 607.0505, FI	orida Stat	ules	j.		
SIGNATURE	Signature, typed	or printed name of registered a	gent and little	if applicable (No	OTE: Register	red Ag	gent signature requir	ulred when reinstating) DATE	
12.		OFFICERS .	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	0.01451505		DELETE	1.1 TIT			Change Addit	ion
NAME		G, CHARLES P V. 71ST TERRACE			1.2 NA		4000000		
STREET ADDRESS CITY-ST-ZIP	DAVIE FL				1.3 S I		ADDRESS		
TITLE	DATIL	. 00011		DELETE	2.1 TIT		211	Change Additi	ion
NAME					2.2 NA	ME		- · -	
STREET ADDRESS					2.3 ST	REET	ADDRESS		
CITY-ST-ZIP		 			2.4 CIT		-ZIP		_
TITLE NAME	*			DELETE	3.1 TIT 3.2 NA	-		Change Addit	ion
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					3.4 CIT		i		
TITLE				DELETE	4.1 TIT	LE		Change Additi	ion
NAME					4.2 NA				
STREET ADDRESS	-						ADDRESS		
CITY-\$T-ZIP				DELETE	4.4 CIT 5.1 TIT		·ZIP	Change Additi	ion
NAME					5.2 NA			Oldings Floor	
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					5.4 CIT		-ZIP		
TITLE				DELETE	6.1 TIT			Change Additi	ion
NAME					6.2 NA		ADDDECS		
STREET ADDRESS CITY-ST-ZIP					6.3 STF		ADDRESS		
SULFS CALIF					0.7 011				

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, in on an attact ment with an address. 954.474.7464-9.20.98.

FILED

Oct 01 1998 8:00am

Which I is