

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 8:16

DOCUMENT # V20538

(7)

1. Corporation Name

DOWNTOWN HARDWARE & LOCKSMITH INC.

Principal Place of Business

**607 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

Mailing Address

**607 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1992

3a. Date of Last Report

01/21/1994

2. Principal Place of Business

21 224 N. Federal Hwy

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

25 U.S.A.

2a. Mailing Address

26 224 N. Federal Hwy

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30 U.S.A.

4. FEI Number

65-0335896

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TRUE, JAMES K
11520 NW 27TH CT.
PLANTATION FL 33323**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRUE, JAMES K
STREET ADDRESS	607 E. BROWARD BLVD.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	KURTGIS, MICHAEL P
STREET ADDRESS	607 E. BROWARD BLVD.
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	224 N. Federal Hwy
1.4 CITY ST ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	224 N. Federal Hwy
2.4 CITY ST ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

James K. True
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES K. TRUE

5/9/95

305-779-7119
Daytime Phone #